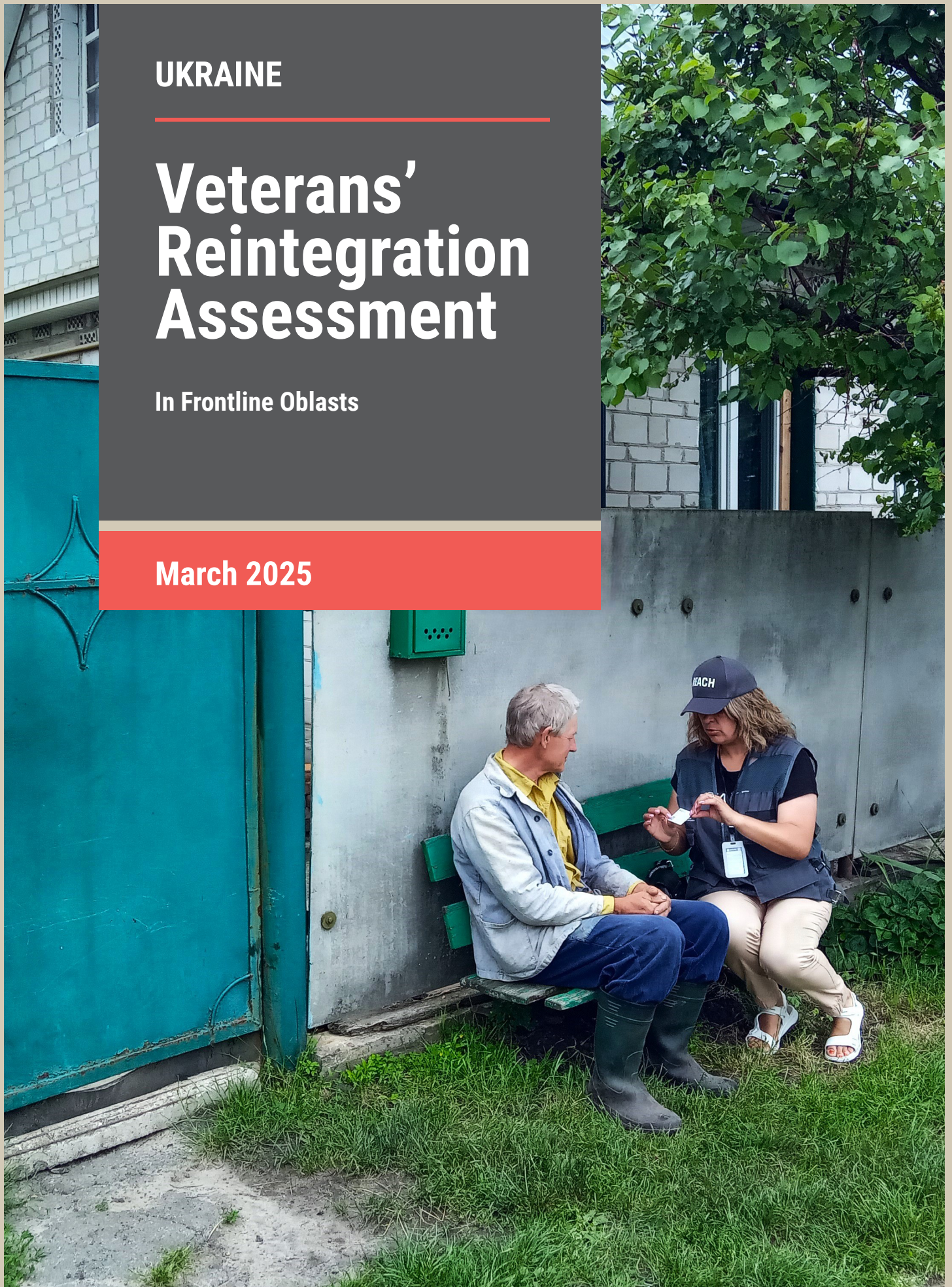


UKRAINE

Veterans' Reintegration Assessment

In Frontline Oblasts

March 2025



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About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit [our website](https://our-website.org). You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Introduction

Veterans represent one of the vulnerable population groups in Ukraine, which continues to grow. According to the Ministry of Veterans Affairs, as of May 2024, there were 1.2 million registered veterans¹. The Ministry estimates that after the war, the number of veterans and their family members could reach 5 to 6 million people². It is crucial to ensure their effective reintegration into civilian society. For a successful transition, veterans' specific needs have to be addressed, including those related to livelihoods, as well as physical and mental health. Although numerous studies have been conducted on that topic, further in-depth research is needed to understand the complexity of veterans' experiences and needs.

Funded by the Foreign, Commonwealth and Development Office, REACH conducted an in-depth study in frontline oblasts to understand veterans' challenges and needs in each of the specified sectors: administrative, social, and legal services, physical healthcare, mental health and psychosocial support, and employment opportunities. The objective of this assessment is to comprehensively analyse how veterans access these services, highlighting barriers to access and preferences in the choice of service providers, as well as to assess veterans' unmet needs. Findings from this assessment will inform stakeholders engaged in strategic and programmatic activities related to veterans' reintegration in Ukraine, including governmental and non-governmental actors.

The assessment was conducted at the oblast level in Zaporizka and Kharkivska oblasts located at the frontline, to note any issues specific to that area. The assessment relied on a qualitative approach, combining Individual Interviews with veterans and Key Informant Interviews with service providers. This approach allowed for capturing detailed accounts of veterans' experiences and observations, as well as information on service provision and perceptions of veterans' reintegration from the supply side. It needs to be noted that this method poses a risk of bias as findings are based on respondents' individual perceptions. Data is indicative of the situation at the time of data collection. In total, 52 Individual Interviews and 53 Key Informants Interviews were collected between November and December 2024.

Key Findings

Veterans tend to follow patterns in accessing services, often prioritising administrative, social and healthcare services - in some cases, reaching out to them even before demobilisation. Only after addressing these immediate needs do they typically seek mental health and psychosocial support (MHPSS) and employment opportunities. **The impact of physical and mental health issues on other areas of life has been noted, underlining the need for streamlined and integrated support.** Nonetheless, many veterans tend to believe they do not need MHPSS support, possibly downplaying psychosocial issues due to personal or cultural factors.

Families and peers often play an important role in veterans' reintegration by providing direct assistance, especially emotional support and healthcare, and helping access services. Veterans often share with each other information about available services and the steps required to access them, relying on one another for recommendations on service providers. Those without local social networks, such as internally displaced veterans, are more likely to require external support across various services.

Services addressing needs in administrative, social, and legal sectors, health (both physical and psychosocial) and employment, are generally available through government providers, varying by type of location. Urban areas tend to offer a relatively wide variety of services, although their capacity often falls short of demand. In contrast, certain rural areas lack specific services such as legal assistance, specialised healthcare, and MHPSS.

Service providers cooperate to varying extents within and across sectors. Relatively robust collaboration was observed among public administrative, social, and legal institutions, as well as between government and NGO service providers, who also help fill some of the gaps (particularly in provision of MHPSS). **This cooperation is a critical factor in effective service provision and smooth veteran reintegration process.** Further strengthening and streamlining this collaboration is necessary to comprehensively address veterans' needs.

Despite the range of available services, veterans reported that some of their needs remain unmet - most notably in the areas of physical healthcare and rehabilitation **Additionally, most veterans encountered barriers when accessing at least some services** - most commonly bureaucracy, physical accessibility issues, and information gaps. Many of these challenges are exacerbated by the veteran's displacement status, which adds complexity to navigating administrative processes, or by sustained disabilities that limit their mobility.

While most veterans were satisfied with the quality of at least some of the services they accessed, the need for improvements persist. Healthcare, MHPSS, and employment support were the highest-rated services in terms of quality. Key factors shaping perceptions of quality included staff attitudes and expertise, waiting times, and the quality of communication and information sharing. In providing services to veterans, it is crucial to consider their difficult past experiences and often complex needs. Suggestions for improving services for veterans focused on streamlining service delivery and ensuring that support is tailored to their needs.

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List of Acronyms

ASC:	Administrative Services Centre
ATO/JFO:	Anti-Terrorist Operation/Joint Forces Operation
IDP:	Internally Displaced Person
II:	Individual Interview
INGO:	International Non-Governmental Organisation
IOM:	International Organization for Migration
KI:	Key Informant
KII:	Key Informant Interview
MHPSS:	Mental Health and Psychosocial Support
MoU:	Memorandum of Understanding
MSNA:	Multi-Sector Needs Assessment
NGO:	Non-Governmental Organisation
PTSD:	Post-Traumatic Stress Disorder
TCR SS:	Territorial Centre of Recruitment and Social Support
UBD:	Status of Participant in Hostilities
UNDP:	United Nations Development Programme

Geographical Classifications

Oblast: the highest administrative unit in Ukraine below the national level

Raion: second level of administrative unit in Ukraine, a part of an oblast

Hromada: basic administrative unit in Ukraine, a part of a raion

Oblast centre: administrative centre (capital city) of an oblast

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INTRODUCTION

According to the Ministry of Veterans Affairs, as of May 2024, there were 1.2 million registered veterans³. The Ministry estimates that after the war, the number of veterans and their family members could reach 5 to 6 million people⁴.

Many veterans are discharged due to injuries and experience health conditions. According to a study conducted by the International Organization for Migration (IOM) after the beginning of the full-scale invasion, approximately 73% of surveyed veterans reported having sustained an injury or illness directly related to their military service, while 31% had been assigned a disability group⁵. Veterans are also at greater risk of Post-Traumatic Stress Disorder (PTSD) and a range of psychological disorders⁶. The study of the IOM indicated that 75% of surveyed veterans believed there is a need to receive psychosocial support immediately after discharge⁷. Moreover, veterans' reintegration is associated with challenges in accessing quality healthcare, rehabilitation, and mental health services that would meet the specific needs of veterans and scale of the demand. Additionally, access to state benefits remains hindered by complex bureaucratic procedures and information barriers⁸.

Additionally, returning to a civilian career may be associated with challenges in finding new employment or the need for requalification. According to a survey of veterans of Anti-Terrorist Operation/Joint Forces Operation (ATO/JFO) conducted in 2020, 20% of respondents lost a job after their service, and about 40% faced difficulties while looking for employment⁹. Even though there has been no comprehensive evaluation of veterans' employment needs since February 2022, veterans and military personnel perceive that they may encounter barriers to employment such as mental and physical health conditions, insufficient salaries, a lack of vacancies in their location, and a lack of knowledge or loss of skills, among others¹⁰.

International organizations, along with Ukrainian NGOs and public institutions, have been conducting studies since the beginning of the full-scale invasion in 2022 to enhance understanding of the current challenges in veterans' reintegration. Quantitative surveys conducted by IOM, United Nations Development Programme (UNDP), and the Ukrainian Veterans Foundation provide information regarding veterans' needs, accessibility, and perceived efficiency of various services, as well as other aspects of social and economic reintegration. There is also an increasing number of qualitative studies that highlight the experiences of veterans and their families during treatment, rehabilitation, and the process of accessing public services and benefits.

An area-based assessment was conducted by REACH in 2024 to provide understanding of veterans' needs, the level of access to services, associated barriers, and veterans' experiences in reintegration, focusing on Dnipro city. The assessment indicated a wide range of available services, however, veterans reported challenges in accessing some of them and noted varied quality¹¹.

Access to services and socio-economic integration may vary across locations due to decentralisation, varying capacities of hromadas, and the presence of veterans' NGOs. Additionally, conditions may differ in areas closer to the frontline, considering the specific security and economic conditions. Thus, there is a need for a deeper understanding of veterans' reintegration experiences, as well as the availability and accessibility of services in oblasts close to the frontline, including both urban and rural areas.

Funded by the Foreign, Commonwealth and Development Office, REACH undertook a qualitative assessment aiming to deepen the understanding of veterans' experiences in accessing essential services, including administrative, social and legal services, healthcare, MHPSS and employment services in the frontline oblasts of Kharkivska and Zaporizka.

The assessment sought to address the following research questions:

1. Which services do veterans access and how do they reach them?
2. Who is responsible for provision of services to the veterans and to what extent?
3. What is the perceived effectiveness and quality of programmes/services?
4. What barriers do veterans face when accessing services? What are the outstanding needs regarding services available to the veterans?
5. How do these issues differ across different demographic groups and geographic areas?

This assessment provides in-depth, up-to-date information for actors engaged in strategic and programmatic activities in the area of veterans' reintegration in Ukraine, including the IOM, UNDP, as well as international non-governmental organisations (INGOs), national, and local NGOs. The Ministry of Veterans Affairs, the Ukrainian Veterans Foundation, and other governmental agencies may use the findings in their activities of improving access to public services and benefits for veterans, as well as to plan future programs based on the identified needs and preferences of veterans. The assessment also provides relevant information for local authorities in Zaporizka and Kharkivska oblasts, including oblast administration and hromada authorities, who are engaged in implementing governmental programs and planning activities at the local level.

The report is structured to provide an overview of specific issues in each chapter, followed by sector-specific sub-chapters where relevant. It also explores veterans' reintegration pathways through dedicated story boxes. To preserve anonymity, the names of veterans in these stories have been changed.

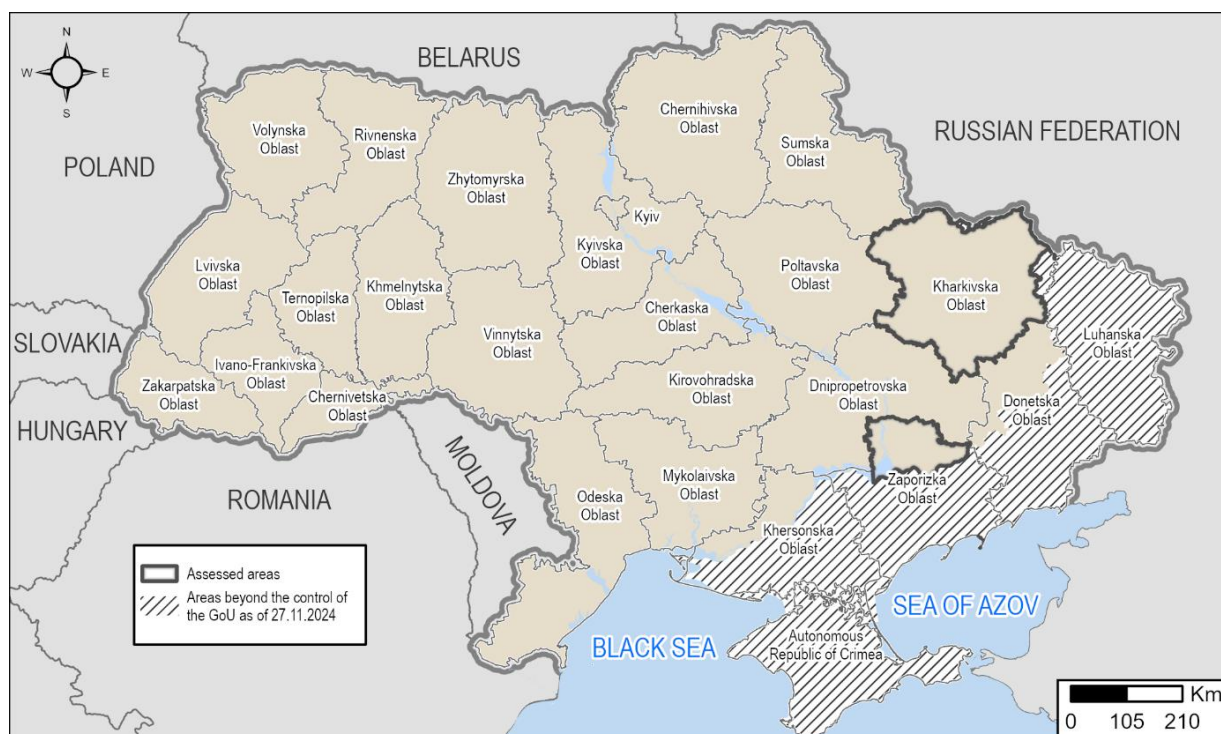
METHODOLOGY

This assessment focused on veterans' reintegration experiences and access to basic services in frontline areas, which comprised the oblasts of Kharkivska and Zaporizka. The study relied on a qualitative approach, including in-depth Individual Interviews with veterans, and Key Informant Interviews with representatives of institutions and organisations providing various essential services to veterans. This methodology allowed to capture perspectives from both the demand and supply side. Overall, 53 Key Informant Interviews and 52 Individual Interviews were conducted between November and December 2024.

Geographical scope

The assessment covered non-occupied urban areas (including oblast centres and other urban settlements) and rural areas of Zaporizka and Kharkivska oblasts. Zaporizka is partially occupied, while Kharkivska is located close to the frontline, with some raions occupied as of September 2024. In addition to the challenging security situation, pre-assessment consultations indicated that hromadas closer to the frontline may receive fewer grant opportunities for veterans' programmes. Kharkivska and Zaporizka oblasts are among those with the largest rates of displacement within the oblast, and Kharkivska has one of the highest rates of IDPs¹², allowing for the inclusion of veterans with IDP status. The Veteran's Assistant programme has been piloted in Kharkivska oblast since 2023¹³, which additionally allowed to assess this initiative.

Map 1: Distribution of the veteran population as of January 2022



Sampling strategy

The population of interest in this assessment included veterans residing in both rural and urban areas of Kharkivska and Zaporizka oblasts, including the oblast centres and other settlements. Additionally, to capture the perspectives of service providers, Key Informant Interviews were conducted with representatives of public institutions, non-governmental organisations and a private company, which

provide veterans with healthcare, MHPSS, employment and administrative/legal/social services. Purposive sampling allowed to gather experiences and perspectives of veterans of various demographic groups and service providers of various types and sectors. Snowball sampling helped to reach the targeted number of respondents.

Table 2: Sampling for Individual Interviews

Disaggregation	Zaporizka	Kharkivska	Total
Urban areas – oblast centre	16	12	28
Urban areas – outside of oblast centre	0	5	5
Rural areas	9	10	19
IDP	9	4	13
Non-IDP	16	23	39
With disability	16	19	35
Without disability	9	8	17
Total	25	27	52

For a more detailed disaggregation, see Annex 2.

Table 3: Sampling for Key Informant Interviews

Disaggregation	Zaporizka	Kharkivska	Total
Urban areas – oblast centre	14	15	29
Urban areas – outside of oblast centre	7	6	13
Rural areas	4	7	11
Governmental	16	19	35
NGO	9	8	17
Private	0	1	1
Administrative/social/legal services	7	10	17
Healthcare and rehabilitation	6	8	14
MHPSS	6	4	10
Employment and business support	6	6	12
Total	25	28	53

Data collection methods

Primary data was collected by REACH field team through semi-structured interviews between November and December 2024. Interviews were conducted face-to-face or by phone, depending on the security situation in a given location.

Individual Interviews (IIs) with veterans were conducted at the individual level to capture personal experiences of the veterans. IIs focused on the detailed analysis of their user journeysⁱ in accessing administrative, healthcare, MHPSS, and employment services, including programmes designed specifically for veterans. The user journey approach provides an opportunity to understand service

ⁱ In this assessment, we define the user journey approach as a method for evaluating the accessibility and quality of services by mapping and analysing the steps a user takes to receive a specific type of service. These steps include becoming aware of the service's availability and how to access it, accessing the service either physically or online, interacting with the provider, and receiving the expected outcome.

provision from the recipient's perspective. During Individual Interviews, veterans were able to share their user journeys within specific sectors of service provision: healthcare, MHPSS, employment, and administrative, social and legal services. This approach allowed to understand the reintegration pathways, reasons for choosing preferred service providers, barriers to various services, and perceptions of the quality of services, as well as the outstanding needs of veterans.

In this assessment, the term “veteran” is used to designate an individual who has previously served in the Armed Forces of Ukraine, National Guard, Security Service, Foreign Intelligence Service, Ministry of Internal Affairs), National Police, State Border Guard Service, State Emergency Service, and Territorial Defence, regardless of whether they have already received the official veteran status. This definition allows to comprehensively explore the system of service provision for veterans, including the experiences of former service personnel who have not yet attained legal veteran status.

Key Informant Interviews (KIIs) were conducted at the community level to assess the accessibility of services for veterans residing in a particular area. KIIs were conducted with representatives of institutions or organisations in administrative, social, legal, healthcare, MHPSS, and employment sectors, who provide services to veterans. This allowed to collect information on the range of available services, barriers to access and quality of services, and cooperation between service providers.

Analysis

The assessment team used MAXQDA, a qualitative data analysis software, to conduct in-depth qualitative analysis of the interview transcripts. This enabled systematic categorisation of data and identification of variance and recurrence across important themes. By coding in MAXQDA, assessment team was able to conduct explanatory analysis, uncovering different issues and practices that underlie the veterans' and key informants' evaluation of the quality and availability of services, reasoning behind naming certain barriers, and explanations for the assessment of veterans' awareness. Additionally, the software used allowed to easily code specific services to which the veterans referred in mentioning specific issues (e.g., barriers, quality), which allowed to gain a deeper understanding of the landscape of available services.

Disaggregation by type of area allowed for the exploration of a variety of services and issues related to their accessibility and quality in oblast centres, smaller towns, and rural areas. This also incorporated a comparative approach to identify specific features of service provision across different areas. Other disaggregations considered in this study referred to experiences of veterans with different demographic characteristics, namely disability and displacement status. Comparisons of response patterns across different groups accounted for the proportional size of each group. Any comparisons included in this assessment are indicative.

Challenges and Limitations

A qualitative approach enabled to explore the range of veterans' user journeys in accessing various services but does not provide representative data on service accessibility. Data is indicative of the situation at the time of data collection.

Because recruiting respondents for Individual Interviews was conducted with the help of local NGOs, the sample at least partially includes veterans who had already contacted or were aware of certain NGOs. It was more difficult to reach veterans who did not attempt to access NGO services, therefore this group may be underrepresented in the sample. This could affect the assessment's findings, indicating a higher level of service accessibility and awareness than exists in reality. Additionally, veterans with certain types of injuries, such as those with vision, hearing loss or complex amputations, were more difficult to reach.

Sensitive nature of the topic could have led veterans to be unwilling to disclose certain issues or needs, particularly those related to physical or mental health, which may have limited the coverage of their experiences within reintegration.

Key Informant Interviews allowed to evaluate services provided to veterans and cooperation between actors from the perspective of providers. However, this may have also introduced bias, as respondents might have been inclined to present their organisations and institutions in a favourable light. In an attempt to overcome this bias, Key Informants were asked about the quality of services in general (rather than about quality of services that they provided). Additionally, NGO representatives were interviewed to provide another perspective of governmental services.

As the Ukrainian government makes changes to the current veteran reintegration policy, the legal context may evolve over time. This could affect the relevance of some findings regarding bureaucratic procedures and accessibility of state benefits.

Security situation in certain areas of Kharkivska and Zaporizka oblasts is changing and did not allow to reach the population of interest in some areas or conduct face-to-face interviews there. In Zaporizka, individual interviews were only conducted in rural areas and oblast centre as other urban locations were directly affected by hostilities. This makes comparison of situation between the two oblasts more challenging, as findings from Zaporizka are more focused on urban areas.

FINDINGS

Context Overview of Veteran Status in Ukraine

Ukrainian veterans are entitled to certain benefits and services after they are demobilised (formally discharged). This includes veteran-specific medical services, such as free medications, priority dental prosthetics, and sanatorium rehabilitation, financial support, housing ownership benefits or veteran housing programmes, free civilian legal aid, employment services and vocational training and professional adaptation courses, as well as education and reintegration support.

Many of the benefits and free-of-charge services are only available to those with the Participant of Hostilities (UBD) status, which officially recognises them as veterans. In short, while actively serving, troops are cared for via the military's systems, but most veteran benefits are "on hold" until they transition back to civilian life, with only a few exceptions for those wounded, captured, or in special categories. These legal provisions may impact veterans' access to services they need and their process of reintegration into civilian society.

As of September 2024, Ukraine has implemented an automated system for granting the UBD status, titled "Issues of granting combatant status automatically during martial law in areas of military (combat) operations or temporarily occupied territories"¹⁴. Under this system, authorized personnel of military units are required to enter relevant data into the Unified State Register of War Veterans within five days from the execution of a combat order. Once this is completed, the UBD status is automatically conferred upon the service member without the need for additional applications or documentation. This streamlined process eliminates bureaucratic obstacles, ensuring that servicemembers receive their rightful status promptly.

Prior to the adoption of the resolution, the process of obtaining combatant status in Ukraine required veterans to actively apply for this status themselves. This application process could be lengthy and complex, often involving the submission of various documents and waiting for approval from relevant authorities, which could significantly delay access to veteran-specific services and benefitsⁱⁱ.

Veterans' reintegration experiences

Early reintegration experiences

For some veterans, the path of reintegration into civilian life began **before demobilisation**, as they already needed to access administrative, social, or healthcare services due to individual conditions, such as sustained injuries. Others reported seeking administrative, social or healthcare services, including rehabilitation, immediately after demobilisation, underscoring their **critical role in early reintegration**. Meanwhile, MHPSS and employment services were most commonly accessed as the third step in veterans' reintegration process, after more urgent needs were addressed. This highlights the need for sufficiently available, well-staffed, and highly professional administrative, social and healthcare services that can deliver efficient and high-quality support to facilitate transition into civilian life. Reflecting on their reintegration experiences, several veterans, particularly in Kharkivska oblast, expressed disappointment with state-provided support, highlighting gaps in the reintegration process. According

ⁱⁱ For more information on demobilisation process until September 2024 see Introduction to REACH, "Veterans' Reintegration Area-Based Assessment on Veterans' Access to Services in Dnipro Municipality", April 2024. https://repository.impact-initiatives.org/document/impact/d906867c/IMPACT_UKR_Report_Veterans-Reintegration-Assessment_April-2024.pdf

to a nation-wide survey conducted in 2023, most veterans and active service members believed that the state does not fulfil all its obligations to the veterans, against only a fifth of those who were satisfied with the state's approach¹⁵.



Olena's military service came to an abrupt end after a severe injury forced her dismissal and left her reliant on a wheelchair. When still in the ranks, Olena tried to resolve administrative issues but, overwhelmed by health struggles, postponed some paperwork. Yet, after demobilisation, navigating bureaucratic hurdles became even harder - unable to return to her hometown due to security issues, Olena became internally displaced. "At first, I wanted to relax after serving in the ranks of the Armed Forces of Ukraine and not go anywhere at all.", recalled Olena. However, she gradually began rebuilding her life - sorting out administration, accessing psychosocial support, then addressing her remaining health issues. Although she started exploring professional training options, she has yet to find a job.

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Veterans mentioned that the key aspect of successful reintegration was feeling needed and having a **sense of belonging** in the society – meanwhile, some stated that they felt irrelevant or unneeded within the civilian community, which contributed to their struggles. **Social isolation** issues, such as difficulty integrating and understanding the new social context were also observed among veterans by service providers. At the same time, one informant highlighted that people with wider social networks were able to re-adapt to civilian life faster. Some veterans struggling with adaptation admitted to turning to **negative coping mechanisms**, most frequently - excessive drinking. Some key informants from urban areas corroborated these observations, noting cases of negative coping mechanisms, such substance abuse and risk of addictions.

Challenges in returning to civilian professions, including difficulties in adapting to a new role and issues with adapting to a team, were also mentioned, especially as numerous veterans were not able to return to their previous professions. Meanwhile, it was noted that some veterans wished to further contribute to war-related efforts after demobilisation, revealing a strong sense of belonging and purpose related to their engagement in defence.



Serhii was discharged from the army due to health issues. His return home brought relief to his parents, especially after the devastating loss of his brother who fought alongside him. However, the return was bitter-sweet, as Serhii felt the psychological toll of his difficult experiences. "When you come back, you don't even want to turn to anyone. I wanted to close up, get drunk and sit", he admitted, "It is very difficult to get out of that state". At first, Serhii felt adrift, unsure where to turn. "And when you are demobilised, you don't really think about it", he added, "You think it's good that you are alive and got home". However, Serhii knew how crucial it was to begin a new, civilian life. He first managed essential paperwork, slowly began his medical recovery, and started thinking of finding a job.

...continued p.26

On the other hand, a few informants mentioned that veterans were sometimes **stigmatised** by the society, perceived as dangerous or incapable of returning to civilian life, an issue more prevalent in rural areas. Some added that the civilian society was not making enough efforts to support veterans. In a study conducted in 2023, about half of interviewed veterans and active service members believed that the civilian society in Ukraine does not respect veterans (mostly or at all), against a similar share of those who felt that the society mostly does respect them (mostly or fully)¹⁶. A few key informants in Zaporizka oblast noted the **need to raise awareness in society**, particularly regarding communication with

veterans and ways to support them, as social integration was crucial for veterans' effective re-adaptation to civilian life:

"You know, I would like the education to be aimed not only at [service providers], but also at the community as a whole, in particular at children and adolescents. It is important to teach them how to respond correctly and support [the injured veterans]."

Public MHPSS provider, Urban location in Zaporizka oblast

The role of family support in reintegration process

Veterans who have an immediate family were less likely to seek support from institutions, possibly because of the **immediate assistance**, for example psychological or rehabilitation support, received from family members. Some veterans stated that they did not require additional support, as their families provided all the assistance they needed. Even those without immediate family members reported receiving psychological and rehabilitation support from family, likely from more distant relatives.

Importance of psychosocial support provided by families was mentioned by many MHPSS and healthcare services' representatives. Informants confirmed the positive impact of family support on both **psychological and physical health** of veterans, as well as on their reintegration into civilian society overall. Regarding MHPSS, they noted that it is sometimes easier for a veteran to speak with a relative than with a psychologist. An informant also noted that sometimes female family members encouraged men to visit couples counselling. Moreover, many healthcare service representatives emphasized the importance of family support in treatment and physical rehabilitation, including support for veterans with disabilities.



*After Volodymyr left the army's ranks, he faced significant challenges in returning to civilian life, burdened by traumatic memories and coping with a debilitating back injury. Thankfully, he could count on support from his family. "My wife was in the foreground", he said, "After the war, I slept poorly, I struggled with aggression, even from the slightest stress. Thanks to the support of my wife and mother, I managed to overcome this condition." After he dealt with administrative matters, Volodymyr had to undergo a back surgery, but did not receive rehabilitation. Again, it was his family who helped him recover. "They helped with injections, massage, helped to get out of bed when there were back problems", he recalled with appreciation. Thanks to the gradual recovery, Volodymyr could start thinking of finding employment or even starting his own business. ...**continued: p.24***

Family support also played a significant role in **helping veterans access services**. Veterans mentioned family members assisting them with tasks such as finding needed information online, securing a place to stay at the facility's location to reduce long travel times to facilities or providing transportation, accompanying them to appointments and holding a spot in queues, and helping with paperwork for benefits.

Financial support from family and friends was also noted as an important resource. Notably, help from family members was slightly more frequently mentioned by veterans living in rural areas rather than urban. However, in some cases, veterans found themselves in the position of having to financially support their families instead. These responsibilities could add stress and create additional challenges in their adaptation to civilian life. At the same time, some key informants indicated that **families may struggle** after veterans' return, with a few noting that this is a common situation, which can lead to issues in relationships, or even divorce - the latter, in turn, worsens a veteran's condition:

"Overall, family dynamics are crucial, but challenges often arise when the family wants to support the veteran but doesn't know how. This is where psychoeducation becomes essential. Families sometimes try to learn how to help and support their loved ones, sometimes reaching out to psychologists with questions like, "How can I help my husband?" or "How can I support my wife?". Other times, they attempt to manage everything on their own, but this approach often worsens the situation. Without proper guidance, well-meaning efforts can unintentionally escalate the veteran's struggles rather than alleviate them."

NGO providing MHPSS, Kharkiv

Several informants highlighted the **need to prepare families** before the return of veterans by providing them with recommendations on how to communicate with veterans and how to adapt to changes, but also by providing veterans' family members themselves with necessary psychosocial support. Some service providers reported that family members indeed sought information on how to communicate with and support a veteran, including seeking advice from psychologists. Some families, however, did not gain such knowledge. While family support was recognised as a positive factor in reintegration process, it is essential to ensure that veterans can access the necessary assistance from public service providers, rather than placing undue pressure on their families.

Landscape of available services and cooperation between stakeholders

Essential needs of the veterans are focused around four main sectors: social and legal needs (with administrative services facilitating access to assistance and benefits), healthcare, psychosocial support, and livelihoods needs, including employment. Reports on **availability of services addressing these needs varied**. While some informants stated that services were **sufficiently available**, others noted that **supply fell short of demand**, in particular regarding specialised healthcare.

This discrepancy appeared to depend on the type of settlement. Sufficient service availability was more often reported in rural areas, where lower demand facilitated service providers' capacity to meet the needs of local veterans. Issues of capacity were sometimes linked to limited funding and consequently, insufficient staffing. However, about half of informants emphasized that more facilities or a **wider range of services** were available in urban areas – in particular legal assistance, rehabilitation, and specialised healthcare. Several informants, mostly from rural areas, reported the **absence of certain services**. This was more frequently mentioned regarding in-person legal assistance, rehabilitation and specialised healthcare services (including the dental care programme for veterans), MHPSS, administrative and social services, indicating a possible gap in service provision. Some informants also mentioned that the availability of MHPSS and administrative or social assistance varied between rural hromadas, **depending on capacity and initiative**. Variations in the availability of certain public services across both rural and urban hromadas may be amplified by the decentralisation reform launched in 2014, which granted local authorities greater flexibility in allocating funds, as well as by the disparities in hromadas' revenues¹⁷¹⁸¹⁹.

Some NGOs tried to bridge the gap in service availability by visiting rural areas with **mobile teams**, particularly providing MHPSS and legal assistance. A few informants added that Pension Fund and healthcare representatives also visited rural areas. However, some mentioned that veterans had to travel to access required services, including visits to oblast-level hospitals for rehabilitation and prosthetics, or MHPSS services, or travelling to urban areas to visit administrative and healthcare institutions.

Informants noted that availability of services for veterans has **already started increasing**, citing establishment of new institutions, departments, or programmes, with more such references from Kharkivska oblast and oblast centres, in particular within MHPSS, rehabilitation and administrative or social services. Nonetheless, several respondents across all strata stated that there was a **need to increase the variety of services**, in particular in MHPSS, rehabilitation, and legal assistance.

Stakeholder cooperation was a **critical factor** affecting service provision, given the limited capacity of certain service providers to meet demand. Most respondents acknowledged **collaboration between different service providers** in areas such as information-sharing, training, referrals, and joint service provision. The strongest cooperation was observed among government providers of administrative, social, and legal services, possibly as a result of the Single Window approach implementation, as well as between public institutions and NGOs, both locally and nationally. Some informants expressed satisfaction with these efforts, particularly in employment services.

However, many also reported **gaps in cooperation**, particularly among government actors and between public and NGO stakeholders or international organizations. This issue was relatively consistent across sectors, though slightly less common in healthcare and rehabilitation. Notably, NGOs were more likely than government actors to report insufficient cooperation, suggesting that they remain under-integrated within state support systems or lack sustainable mechanisms for coordination among themselves.

Additionally, it is worth noting that the large share of legal assistance and MHPSS being provided by NGOs places this type of support at **risk depending on the availability of donor funding** and, in some cases, the continuation of international support. Following the sudden decline in international humanitarian funding in 2025, at least some of the NGOs interviewed for this assessment had to limit or close their programmes for veterans²⁰.

Administrative, social and legal services

Administrative and social services are widely available from government providers, namely, the Administrative and Social Service Centre, Pension Fund, Social Protection Department, Resilience Centre, and the Territorial Centre of Recruitment and Social Support (TCR SS). These institutions offer a wide range of services, including provision of social benefits, alongside other key services, such as obtaining the Participation in Hostilities (UBD) and disability status, commemoration services, and consultations on pensions, payments, and entitlements. Additionally, informants noted veteran-oriented arrangements in administrative services provision, including the Single Window approach and the Veteran's Assistant programme, which aim to help veterans navigate through the system.

The Single Window approach, a veteran-specific service introduced in March 2024 as a method for aggregating various services and facilitate information-sharing between different government service providers, was reportedly available in both oblasts assessed:

"We have an administrative service "Veteran", which operates on the principle of a "Single Window". Priority is given to the category of veterans. There they can receive a full range of services. When a veteran comes with certain problems, a specialist will definitely come to him and figure out his problem."

Public administrative/social/legal service provider, Kharkiv

The Veteran's Assistant Programme is another key service for veterans, offering comprehensive support and acting as a centralised information source during reintegration. The Veteran's Assistant position serves as an intermediary, providing consultations and directing veterans to relevant administrative, social, legal, employment, business, and MHPSS services.

Additional services available to veterans include social taxis, which provide free transport to medical institutions or cultural events, and mobile teams which bring administrative and social services to the veteran's home, facilitating access for those with limited mobility or those living in remote areas.

Offered legal aid most commonly included consultations, conducted in person, via hotlines, Telegram bots, or online. It also involved assistance with documents, payments, and benefits, support with court and inheritance matters, legal information provision, and aid for families of fallen or missing combatants.

Some administrative, social or legal services were provided by NGOs, predominantly in urban settings. Notably, a significant share of legal aid services were available from NGO providers, international NGOs, or international organizations. One informant commented on the complementarity of the third sector legal assistance services to the state support system:

"In addition to veterans living within the territory of Zaporizhzhia oblast, there are many veterans who are now in other oblasts, but turn to us for help. NGOs are more mobile, so they can coordinate assistance with local communities, such as the Red Cross, and other organizations. This allows for more targeted assistance and effective problem solving, for example through field trips. Also, given the limitations of [state] budget funding, we try to reach as many people as possible, although projects have their own indicators and limitations"

NGO providing administrative, social and legal services, Zaporizhzhia

Many NGOs reportedly cooperated with government service providers. This cooperation was commonly formal, involving Memorandums of Understanding (MoUs), referrals, joint activities, information sharing, and NGO-led training for government actors. Such collaboration occurred at both local and national levels.

To provide administrative, social and legal services, government providers reportedly also cooperated with each other, and service providers of other sectors. Cited cooperation mechanisms included document transfers, information sharing, referrals, consultations (including with ministries), as well as provision of training. On the other hand, the informal nature of cooperation was often emphasized:

"Cooperation often occurs through acquaintances in organizations. If there are no such acquaintances, a person goes to the general queue without prior discussions, which can lead to a long wait."

Public MHPSS provider, Urban location in Zaporizka oblast

Healthcare and rehabilitation

Reported government healthcare services for veterans included medical examinations, primary, secondary and emergency care, inpatient and outpatient care, specialised healthcare, free dental care and dental prosthetics. Other healthcare services available to veterans included mobile teams, providing healthcare assistance at the patient's location. Some services, such as booking an appointment, reaching out to a family doctor, or getting a prescription, were also reportedly available online or by phone. In some cases, NGOs assisted veterans in accessing healthcare services, including helping them to apply for disclosure of information regarding a refusal of medical assistance or facilitating inpatient healthcare services:

"The services we provide are the referral of a veteran to healthcare facilities and assistance with the provision of information. Which institution can a person apply to and what help to receive in that particular institution, if he does not know this, or he applied and was refused."

NGO providing healthcare services, Kharkiv

Additionally, one informant highlighted the importance of NGO support of veterans in providing medical services in remote areas, including rural locations:

"NGOs often come to settlements, even remote ones, where there are no medical institutions at all. This is especially true for frontline zones, where the need for such services is especially great. dentists, therapists, ultrasound. They also provide free medicines."

Public healthcare provider, Rural location in Zaporizka oblast

It was mentioned that some healthcare services, including those provided by government institutions and NGOs, were specifically designed for veterans, particularly regarding dental treatment and dental

prosthetics. These programs were available in both oblasts but were more widely available in urban areas. Additionally, priority treatment for veterans was reported more frequently in Kharkivska oblast, as well as in urban areas.

Government rehabilitation services were the most widely available type of rehabilitation support and were reportedly equally available in both assessed oblasts. Sanatorium treatment was the most commonly mentioned type of rehabilitation, offered by both government and NGO providers, and appeared to be more widely available in Kharkivska oblast. Informants noted that veterans could apply for rehabilitation at a sanatorium through the Administrative and Social Services Centre. There appear, however, to be different perceptions of the availability and extent of government rehabilitation services. The available government services provision appears to be rather limited in time:

"In our department we can send you for rehabilitation in sanatorium institutions. [...] Free. There are two options - either 14 or 21 days. But, [...] it is very difficult to get 21 [days]. [To be accepted,] it is necessary that there is fresh damage to both the central nervous system and the musculoskeletal system, so that it is combined. And so, basically, [most receive] 14 days."

Public healthcare provider, Kharkiv

Another informant highlighted programmatic issues with the availability of government rehabilitation programmes for veterans:

"Other services depend on regional and general programmes. For example, the service of sanatorium-resort treatment is currently on pause, although some veterans say that they would be interested in receiving it. But now, as far as I know, you can only apply for monetary compensation for this, but the service itself has been suspended. But it does not depend on the centres on the ground, it depends on the general programme for our country."

Public administrative/social/legal services provider, Zaporizhzhia

Sports rehabilitation, which also plays a role in the social adaptation of veterans, was available across both oblasts. It was provided by both government and NGO service providers, sometimes cooperating with each other:

"They [veterans] express their desire and are now actively uniting, looking for some such exits for sports rehabilitation, sports activity. They like it because they are young people. There is a very good example, our Department of Family and Youth also cooperates in this case. [...]. Also, veteran NGOs, in cooperation with us, reach out to international donors, international projects that will help in rehabilitation through activity and sports."

Public administrative/social/legal services provider, Kharkiv

Other rehabilitation services available to veterans included rehabilitation after nervous system injuries, prosthetics, inpatient and outpatient care, rehabilitation for musculoskeletal injuries, multi-disciplinary comprehensive rehabilitation support, and compensation for sanatorium treatment, most of which were provided by both government institutions and NGOs.

Overall, collaboration between government and non-government actors in the healthcare and rehabilitation sector was noted without significant differences between oblasts, but more frequently reported by urban-based providers. Such cooperation involved referrals, joint work, training, and both formal and informal communication channels. NGOs and international organizations also provided material or humanitarian assistance in some cases. Government actors additionally cooperated among themselves through formal referrals. Healthcare providers also worked with other sectors, such as social, cultural, and educational services, often connecting through social media groups, hotlines, and other resources.

MHPSS

According to IOM data, 53% of the veterans surveyed had received free psychological support and rehabilitation since being discharged from military service, which demonstrates overall availability of MHPSS support to veterans²¹. In REACH assessment, the most frequently cited form of MHPSS support for veterans, provided by both government and NGO providers, were group sessions with a psychologist, although individual sessions were also mentioned. Social adaptation activities were also indicated, although less frequently. Both government- and NGO-provided MHPSS services appeared to be more readily available in Zaporizka oblast, and with a wider variety of services offered in urban areas.

Government MHPSS services are often provided by healthcare and rehabilitation institutions, while psychological support from family doctors is also available. However, it is worth noting that while family doctors did undergo mandatory psychological training, it is not comparable to support that a trained and experienced psychologist can provide. International organizations were cited as another source of support for social adaptation activities, in particular in Zaporizka oblast and urban areas, as well as psychosocial support provided through hotlines. Online and over-the-phone MHPSS services were available from both the government and NGOs, whereas self-help groups were more likely to be facilitated by government services. Nonetheless, the large extent of MHPSS support being provided by NGOs or IOs, places this type of support in the zone of risk in case of diminishing funding.

Other MHPSS services and sources of support mentioned included art therapy, couples counselling, psychiatric care, social support, peer-to-peer programmes, and support provided by religious institutions. The nationwide “How are you?” programme – an initiative by the First Lady Olena Zelenska started in March 2023 – was also cited as a source of support for veterans.

Most representatives of MHPSS services reported that they attended training or received education in psychology and veteran-oriented assistance, including communication with veterans. Professional education, supervisory meetings, training on psychological first aid and critical consultations, as well as self-help for specialists, were also mentioned. Notably, there appear to be significantly more training opportunities in urban areas, since most NGOs who provide such training tend to be located there. Some informants stated that the availability of training is sufficient, while others reported a need for additional training, particularly training that helps to share international experience organised by INGOs, training from individuals with combat experience, mandatory training, and training on resilience. A few also noted that there are barriers to psychological education and training of staff, particularly cost barriers. Even though representatives of other sectors were not specifically asked about training, some declared that they were learning how to work with veterans.

MHPSS providers reported intersectoral cooperation through mechanisms, such as formal and informal referrals, training opportunities, experience exchanges, joint projects, events, and case-specific collaboration:

We have a psychological assistance centre that works on behalf of the state. It employs several specialists, but the volume of work and constant reporting limit their ability to provide quality care. Such centres often involve the resources of NGOs or charitable foundations to provide the necessary services.

NGO providing MHPSS, Zaporizhzhia

Urban-based providers and NGOs more frequently mentioned such cooperation, although government MHPSS services also worked with NGOs and INGOs, more often in urban settings. Some government MHPSS providers also cooperated with each other, mainly through referrals, although this was less frequently reported.

Employment

The most frequently mentioned employment support services were those provided by the government, with no significant difference between the two oblasts assessed. However, a significant share of employment support services was also provided by NGOs. Additionally, training and retraining opportunities, career advice and individual counselling were provided by both government and NGOs. Career advice and counselling appeared to be slightly more available in Zaporizka oblast.

Assistance with job searches and CV creation was another commonly reported form of employment support available to veterans. Both government providers, such as the Employment Centres and Department of Social Protection through programs like the Professional Adaptation of Veterans Program, and NGOs offered this type of assistance. Additionally, a referral mechanism was in place where the Employment Centre could direct veterans to relevant employers or help arrange interviews. Similarly, NGOs could refer veterans to other NGOs, though no structured cooperation mechanism between government providers and NGOs was mentioned.

Veteran-specific employment programmes often involved a specialist who provided targeted support by offering information, directing veterans to relevant resources, and facilitating vocational education, professional adaptation, and advanced training. Some reports also indicated that veterans could receive employment support as a priority service, bypassing waitlists.

Although mentioned less frequently, some employment support services were available online or by phone, both from government and NGO providers. Examples included job fairs organized by the Employment Centre, both online and offline, which allowed veterans to explore employment opportunities and apply for vacancies. Other forms of online support included facilitating meetings with potential employers, enabling veterans to schedule interviews via phone, and providing general information about government employment services through mobile applications, dedicated websites, or social media platforms. Some online resources also included hotline numbers where veterans could access employment-related information.

Adaptation programmes at the workplace, a crucial factor in supporting veterans' employment, were also noted. Both government and NGO providers mentioned workplace adaptation, which entailed vocational training, psychological support, inclusive office spaces, and additional leave days.

"Vocational training, psychological support, inclusive office space, additional vacation – all this is available at workplaces. Now at enterprises, employers are arranging workplaces specifically for veterans, there is financial support from the state for all this."

Public provider of employment services, Zaporizhzhia

However, an equal number of informants stated they were unaware of any workplace adaptation arrangements, highlighting a potential gap in support or limited information sharing about its availability.

Another approach to supporting veterans' employment involved engaging them in community work while they were unemployed. This method was seen as beneficial not only in terms of securing employment but also in facilitating broader reintegration into civilian life and community.

Assistance for veterans' businesses was reportedly most often offered by government providers. This included training opportunities such as the course "On Basics of Entrepreneurship", guidance on applying for business grants, and the "Made in Ukraine" initiative, which provides resources on business development, including business plan writing. Additionally, veterans can receive support in preparing documents for submission to the Providing Grants to Veterans and Members of Their Families Programme. Some services supporting veterans in starting their own businesses were available online. Government services aimed at helping veterans start their own businesses were reportedly more

accessible in Zaporizhka oblast and in urban areas. Some support from NGOs was also noted, for example support with writing grant proposals for business development.

Government employment and business support services reportedly cooperated with each other through formal and informal mechanisms. Government employment and business support services also reportedly cooperated with NGOs, although this was noted exclusively in urban areas. This collaboration involved both formal and informal mechanisms, such as signing MoUs, conducting joint events, issuing referrals, provision of grants and training sessions, and proposal-writing support. Both government and NGO actors equally reported this cooperation.

Within the employment and business support sector, cooperation between government service providers and private enterprises was reported, although exclusively by urban-based informants. This cooperation took place both formally and informally, and typically involved joint training opportunities and information sharing. Cooperation between different service providers on employment and business support was more likely to be reported as satisfactory than cooperation in other sectors.

Veterans' needs

Veterans most frequently cited having **accessed administrative and social services**, followed by healthcare, legal, employment, MHPSS, and rehabilitation services (in the order of answers' prevalence). However, veterans reported that **some of their needs were not fully met** – cited gaps in support were most often related to healthcare, including treatment and rehabilitation, followed by administrative and social services, MHPSS, employment and legal services.

Conversely, some key informants stated that there were **no major unmet needs** among veterans, with support being provided in proportion to demand. This perspective was reported with no significant difference between oblasts or area types, although government service providers mentioned it more frequently. These discrepancies in unmet needs perceptions and real demand underscore that it is crucial to engage veterans in discussions about their needs, gather their perspectives and feedback.

Among those veterans who declared not having accessed certain services, most indicated that they **did not need such services** – these notions concerned mostly MHPSS and business support. There also appears to be a slight difference in service needs between internally displaced veterans and non-IDPs. Non-displaced veterans were more likely to report having no need for accessing any of the discussed services, suggesting that IDP veterans may face greater vulnerabilities, which makes them less likely to shy away from available support.

Additionally, demand for specific services, such as vocational training, was described as **time-sensitive**, with expectations of increased interest after the end of hostilities or as more time passes since demobilisation. On the other hand, administrative, social, and healthcare service providers, who were often the first ones that veterans reached, were more likely to report being overwhelmed by requests:

"The number of applications creates a burden. The resolution of issues is sometimes delayed, and veterans simply do not have time to get help because the system is overloaded."

NGO providing administrative/social/legal services, Zaporizhzhia

"I don't see that veterans are ready for business activities now. First, they must undergo rehabilitation, get prosthetics, find housing, because for many the problem is just a roof over their heads."

NGO providing healthcare services, Zaporizhzhia

Administrative, social and legal services

Administrative, social, and legal services were frequently cited as essential by the key informants, including for registering legal status (including status of a person with disability or of an internally displaced person), receiving pension and benefits, obtaining necessary documents from military units, and restoring lost documents. These were also frequently the first services accessed by veterans upon demobilisation, highlighting their role in the initial steps of reintegration into civilian society:

"Of the most frequent requests, they apply for services for obtaining various benefits for paying for utilities. Often, when veterans come to us and do not know how to get the service, we explain, and we also have many contacts of various bodies, where he can solve the issue over the phone."

Administrative/social government service provider, Kharkiv

Veterans most commonly reported having accessed administrative and social services provided by governmental institutions, in particular the Pension Fund, Administrative Services Centre, Social Protection Department, and TCR SS. Only some of the interviewed veterans accessed the Veteran's Assistant Programme, with more such cases noted in Kharkivska oblast.

Legal services were accessed by about half of interviewed veterans, who turned to private, NGO and governmental legal aid providers, with the latter appearing slightly less popular. Most of those who chose NGO providers mentioned that they chose their provider upon recommendation from a peer, or due to fewer barriers in accessing legal services from NGOs and faster delivery of such services. One of the veterans who chose private providers cited better quality of services, and one out of those who turned to government-provided legal services did so due to good availability of information about these services. Overall, it appears that information and recommendations often guided the choice of legal service providers.

Veterans indicated that some of their needs within administrative, social and legal services were not fully met. Some faced bureaucratic challenges in obtaining or retaining disability group status or securing Participant of Hostilities status. Others noted difficulties in accessing pensions and other social benefits, outstanding salary and payments from military units, as well as housing and land. At the same time, some highlighted inadequate legal assistance, making it difficult to resolve these issues. Unmet needs related to administrative and social services were more pronounced among veterans in Kharkivska oblast, while unmet needs in legal assistance appeared slightly more frequent in Zaporizka.

Healthcare and rehabilitation

Many veterans have experienced physical injuries, developed a chronic illness or a disability. These figures are substantial as service members mobilised after the beginning of full-scale invasion in February 2022 can only be demobilised in specific cases – most commonly once they have reached the age of 60 or sustained significant trauma, due to which they were assessed unfit for service by the military medical commission²². In IOM's 2023 study, almost three-quarters of veterans reported having sustained an injury or illness related to their military service, while about a third had been diagnosed with a disability – although these numbers are not representative, a clear increase in reports of disability was noted compared to before 2022²³.

Healthcare was the second most commonly accessed service among veterans interviewed in REACH assessment. Some accessed healthcare services, including rehabilitation facilities, hospitals or hospital departments specifically designed for veterans and combatants. These included hospital treatment (veteran-specific hospital treatment was noted in Kharkivska oblast), dental treatment, free medication, and one noted having received priority treatment as a veteran.

The majority of veterans received services through the public healthcare system (including hospitalisation, rehabilitation, specialised treatment and visiting family doctor), as they were often

already registered within a particular institution or family doctor or referred to a particular facility. Some noted that in choosing public healthcare services they were guided by their good quality, or better awareness of these services, including through peers' recommendations. Costs also played a role in choosing healthcare provider.



Volodymyr had to undergo a surgery for his back injury, which caused him chronic pain. He chose a hospital that was the closest to his village - "And as far as I know, a very qualified neurosurgeon works there", he added. Volodymyr was happy with the results after the surgeon managed to ease his pain - "I started walking normally, so I'm satisfied", he said. Yet, Volodymyr noted that he had to partially pay for his treatment - "They provided services only at a discount, not for free", he said. After the surgery, Volodymyr had to bear additional costs of medication. "They provide free medicines, but only [a basic pain relief medicine], nothing else", he added. Volodymyr has not been offered rehabilitation from public institutions - he noted that a

veterans' union has opened a free rehabilitation centre in another oblast, but given the distance he hasn't been able to go there yet.

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Nonetheless, some veterans opted for private services, citing fewer barriers, better quality, or unavailability of required public healthcare services. Some accessed private or NGO-provided rehabilitation services upon recommendation from a peer. Accessing private institutions for rehabilitation was more pronounced in Kharkivska oblast, while for other healthcare services - in Zaporizka. Additionally, a few veterans reported having received healthcare services from NGOs - apart from rehabilitation, this included cases of receiving treatment from volunteer doctors or organisations working with international entities, which helped, e.g., in obtaining prostheses and medicines.

Nonetheless, over half of interviewed veterans in both oblasts reported unmet needs within healthcare, placing this sector at the forefront of unmet needs. These included mostly treatment and rehabilitation and were more pronounced among internally displaced veterans who may have been less aware of services available in their new location or who were not yet registered within the local primary healthcare provider. Notably, there was no significant difference in reported healthcare needs between veterans with and without disabilities, suggesting that access to healthcare remains a challenge across different healthcare services. Moreover, despite the widespread availability of free medication for veterans, some reported a lack of access to free medicines. One veteran highlighted as well the unmet need for treatment of addiction, due to cases of substance abuse adopted by some veterans as a coping mechanism.

MHPSS

Although knowledge about and attention to addressing psychosocial issues has been increasing in Ukraine in the recent years, there is still a need for progress. Issues of veterans, such as PTSD only became more widely studied after Russian aggression in 2014. An estimated quarter of the veterans who participated in ATO and JFO shown signs of PTSD to a varying degree²⁴. Some studies suggest that veterans do not show significantly higher levels of depression or anxiety than the general population in Ukraine, they indicate slightly higher levels of aggression among male veterans²⁵. Moreover, it is important to note that these findings are self-reported, thus veterans (and/or general population) may not have wished to disclose their mental health issues. Key informants in REACH assessment frequently emphasized the widespread need for psychosocial support to veterans. They highlighted the impact of psychological trauma, avoidance behaviours, PTSD, and the effects of combat, ongoing bombing and shelling on veterans' mental health, making psychosocial support a priority. A few also mentioned the

importance of social adaptation programmes for veterans, which was also mentioned by the veterans among unmet needs.

However, some veterans did not seek MHPSS services, believing they did not need them. According to IOM's 2023 survey, 46% of veterans expressed willingness to access psychosocial support - a relatively high figure, yet one that also highlights a significant portion who choose not to use these services²⁶. Reluctance to access MHPSS services may partially stem from cultural or personal beliefs deprioritising mental health. Studies show that although perceptions of psychosocial services in Ukraine are becoming more favourable with generational change, there is still a widespread stigma in accessing these services, where seeking such support may be perceived as a sign of weakness or as something that may lead others to question their mental stability²⁷²⁸:

"When we worked with veterans and told them that we were psychologists, we asked if they received psychological help after returning. They answered: "But we don't need to." But when you start discussing the symptoms they have now, they understand: "No, you have to." And they understand that they experience those symptoms that can be reduced or removed by receiving quality help from a psychiatrist or psychologist. But there is a stigma, and this is a problem."

MHPSS NGO provider, Zaporizhzhia

However, some veterans noted that while they sought or would seek MHPSS support, they preferred to do so only after addressing more immediate administrative and healthcare needs following demobilisation.

Veterans, especially those in Zaporizka oblast, most frequently reported having received MHPSS services from NGO providers. This included joining individual and group psychotherapeutic sessions and consulting hotlines. Some mentioned as well accessing public MHPSS services, including sessions with psychologists or psychiatrists, and private individual and group sessions. While support and understanding from and within veteran community appeared important, some emphasised preference for individual sessions with a psychologist to freely discuss their issues:



It took some time for Olena to find appropriate psychological help for herself. At first, she was reluctant to seek psychosocial support. "I believed that I did not need psychological support, after seeing the experience of other veterans who were not helped by this service", she recalled. However, her friend worked in an NGO providing psychological support - after Olena confided in her about her struggle, her friend recommended a psychologist at her NGO. "I am satisfied, because it helped me, and I changed my attitude to psychologists.", said Olena, "The psychologist helped me find stability, I stopped being aggressive". "There is a stereotype that a psychologist is bad, but it needs to be changed", reflected Olena.

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Choosing an NGO provider of MHPSS services was often dictated by availability of such services in veterans' location or their awareness of it (including thanks to recommendations from peers), and one veteran cited fewer barriers to accessing NGO-provided MHPSS services. One veteran noted accessing public MHPSS services upon a recommendation, while another opted for a private provider citing better quality. Overall, MHPSS services were accessed more often by veterans living in urban areas, those with a disability, and those without immediate family.

Among veterans, psychological support was the third most commonly cited unmet need. MHPSS services were slightly more often cited as an unmet need by veterans in Kharkivska. Veterans in rural

areas were less likely to cite MHPSS as unmet need, despite a lower rate of access to psychosocial services in those areas, which suggests that veterans in rural areas may not feel the need to reach such services due to stronger social safety networks, have lower awareness of possible support, or may be less inclined to access them due to social stigma. Unfulfillment of the need for psychosocial support did not vary significantly depending on disability, displacement, or family status, suggesting the unmet need for psychological support can be attributed to various factors, including a lack of awareness about available services.

Employment and business support

According to the Ukrainian Veteran Fund's study conducted in 2024, almost a third of veterans was unemployed and over a half were in need of financial support²⁹. Moreover, employment has been recognised by the veterans not only as a source of finances, but also as an important factor facilitating integration in a community³⁰. In the REACH assessment, key informants, in particular urban-based providers, commonly cited the need of providing veterans with employment and business support. Many veterans reported being unable to return to their previous jobs, either because their former workplaces no longer existed, were located in occupied territories, or veterans suffered health-related issues that limited their ability to work. Health-related challenges were only slightly more prevalent among veterans with disabilities, stressing the impact of any health-related challenges and injuries on finding employment. Additionally, service providers noted common unavailability of suitable vacancies for veterans and emphasised the perceived inadequacy of salaries, likely influenced by the relatively higher salaries of active service members.

Notably, there was no significant difference between oblasts in the share of veterans who were unable to return to their previous place of employment. Overall, it was noted that finding employment opportunities is generally easier in urban areas – however, urban settlements are also characterised by a wider variety and higher dynamic of job market, which may require retraining.



Before mobilisation, Serhii had worked at a construction site. Yet, his former company was now in an occupied area. Additionally, medical issues hindered him from performing physical work. Serhii had to face the challenge of finding a new job - he doubled his efforts by turning to the employment centre and searching for a job online by himself. Although he got offered free professional trainings and an administrative job, it was difficult to find an opportunity that matched his skills, interests and expectations. "I knew, that it was not for me", he admitted. However, Serhii found consolation in volunteering for a veterans' association. "We are now doing what we can" said Serhii about assisting fellow veterans in finding and accessing services.

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Several interviewed veterans noted that they did not seek employment or business support as they did not need it. Those who did most often turned to government support for employment services, particularly services provided by the employment centres, but also career advice, and free state-provided trainings. Some veterans also mentioned receiving assistance in starting a business, commonly through government programmes. Choice of government providers in that sector was often based on better awareness of such services (including via peer recommendations), greater availability, considering public providers particularly helpful in that matter, or thanks to availability of free government support (e.g., trainings).

Accessing employment support, in particular trainings, was more prevalent in Zaporizka oblast and in urban areas, and was more common among displaced veterans, who often do not have pre-existing networks in a new location and may have lesser knowledge of local job market.

Some veterans mentioned unmet needs related to employment or more broadly, livelihoods. These included lack of relevant employment opportunities, need for financial assistance, and training and education opportunities. Additionally, key informants highlighted the need for jobs adapted for veterans with disabilities or health conditions, workplace adjustments, and veteran-oriented employment and business support programs. Training and educational opportunities were another identified need, slightly more frequently mentioned by service providers in Zaporizka oblast and exclusively by urban-based providers.

Accessibility of services

Most veterans mentioned at least some **barriers to accessing essential services** that they needed on their reintegration journey. Both veterans and key informants most commonly mentioned **bureaucratic barriers** (noted more frequently in Zaporizka oblast) and **physical barriers** (regarding distance to and accessibility of facilities), while veterans indicated as well **high costs** of services in case they could not or chose not to access free-of-charge public services (reported slightly more often in Kharkivska). Additionally, a frequently reported issue that hindered veterans from even trying to access services was a general **lack of awareness** about available support.

These findings are consistent with other studies on veterans' access to services³¹³², but are also in line with barriers to accessing services studied in regard to the general population in Ukraine³³, suggesting that these issues are structural and country wide. However, it needs to be noted that veterans often encounter additional bureaucratic and information barriers due to the complexity of their new circumstances, the need to access services that they did not require before, and to obtain multiple certificates, including the UBD, and, in many cases, the disability status. At the same time, many veterans face physical barriers, as injuries, chronic illnesses, or disabilities sustained during military service frequently affect their mobility and thus exacerbate their vulnerability to physical barriers. Furthermore, psychosocial challenges can hinder reintegration into civilian life, often intensifying the burden of access barriers.

Moreover, lack of trust, especially in government healthcare institutions, and quality issues, such as unsatisfactory provision of services, long queues, and a lack of time, often linked to personal circumstances, were often cited reasons for **not trying to access** services. Conversely, a number of veterans cited **being denied access to services**. This issue often stemmed from restrictive eligibility criteria, particularly for healthcare, including dental, and rehabilitation services. In other cases, rejection was linked to negative experiences with staff in state institutions, which highlights both systemic barriers and issues with the quality of service delivery that further discourage veterans from seeking assistance.

A significant number of service providers declared a **lack of barriers**, particularly in administrative, social, legal, healthcare, and rehabilitation services. Many also highlighted that facilities were accessible to people with mobility issues. This underscores either variability in service accessibility or its perception. Notably, government providers were more likely to cite a lack of barriers, which could indicate a bias. Nevertheless, many veterans also mentioned services to which they did not observe any barriers. Among public services, these most often included healthcare, employment support and, to a lesser extent, chosen administrative or social services. There was little variance between oblasts. Overall, this suggests that accessibility of services depends largely on specific facilities and individual experiences, rather than being tied to a certain location.

Administrative, social and legal services

The main barrier in accessing governmental administrative and social services were bureaucratic challenges. A number of veterans reported difficulties in accessing payment and pension benefits, acquiring land and housing benefits, and obtaining free transportation support. Some mentioned that bureaucratic challenges were related to acquiring the IDP status. Additionally, some veterans reported difficulties in obtaining participant in hostilities (UBD) status, which could affect their eligibility for various forms of support – an issue that has been addressed by changes in legislation which ensure streamlined UBD status provision³⁴. Non-IDP veterans and those with UBD status were more likely to report facing no barriers to accessing various services, presumably due to fewer bureaucratic challenges.



Although he managed to easily obtain some benefits, Volodymyr also tried to access housing and land benefits for the veterans and receive a disability status, but to no avail. "Veterans have free assistance, but administrative services leave much to be desired", he noted, recalling the bureaucratic hurdles at administrative institutions, "You constantly need [to provide] a bunch of documents". However, Volodymyr turned to an NGO for legal assistance to resolve some of the issues with documentation for his dismissal. "I chose [that NGO] because they have proven themselves well on the example of my brothers [fellow veterans]", he asserted. The NGO offered easily accessible phone consultations. "They explained everything clearly and competently.

Thanks to their advice, I was able to resolve my issues on my own."

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Physical barriers, such as infrastructure inaccessibility and the distance required to reach service providers, were another frequently reported obstacle to accessing administrative and social services (especially in Zaporizka), particularly for veterans with disabilities. This was sometimes exacerbated by a lack of transportation options, especially for those living in rural areas. Among key informants, a notable distinction was observed between government and NGO providers, with representatives of public institutions significantly more likely to report inclusive infrastructure at administrative institutions. Finally, veterans and informants noted as well issues related to hostilities, such as blackouts, alarms and shelling, prominent in particular in the frontline oblasts.

Other barriers to accessing administrative and social services mentioned by veterans included insufficient information on available services and administrative procedures, and low capacity of facilities which resulted in prolonged waiting times. A few informants described accessing administrative and social services as time-consuming, discouraging some veterans from seeking assistance. Key informants also noted low trust of veterans toward state's social institutions and complex psychological condition of some veterans making it more challenging to access services. Some veterans reported feeling discriminated against.

Additionally, one veteran mentioned a cost barrier regarding legal assistance. It is important to note that while veterans did not mention other barriers specific to legal aid, none declared a lack of barriers in accessing these services and most accessed NGO-provided or private legal aid, suggesting insufficient or challenging legal services' provision. Key informants also noted high costs, with some highlighting the difference between the scope of government-provided free legal consultations and paid legal aid:

"[There is] primary and secondary legal assistance, but this is only advisory assistance. It's just to come there, they will tell you the general positions. If you need legal support, it's all at your own expense. We do not have free lawyers."

Government administrative/social/legal services provider, Kharkiv

Other barriers noted by service providers in accessing legal services included information barrier (as well as lack of clarity about the general legal services and legal issues landscape) and long distance to travel to access legal aid, while one noted that veterans could face social stigma when accessing legal assistance. Additionally, it was noted that some administrative, social and legal services were only available to civilians (i.e., after demobilisation).

Healthcare and rehabilitation

Some veterans who accessed healthcare and rehabilitation services noted no barriers. However, among those who experienced difficulties, the most frequently mentioned barriers were cost-related (mentioned by both veterans and key informants), an issue seemingly more prevalent in Kharkivska. This is notable given that many of these services are provided free of charge by the state. The finding suggests that despite free government services, some veterans need to or prefer to seek care from private providers.

This could be caused by the barriers noted when accessing public healthcare services, which suggest limited capacity of public providers to meet demand. Reported challenges included long waiting times and bureaucratic hurdles, particularly concerning eligibility criteria for receiving a state-funded treatment. A few veterans cited being denied services due to restrictive eligibility criteria, including for dental and rehabilitation services. Due to lengthy access procedures, some veterans chose not to access these services (including rehabilitation). Nonetheless, some of those who accessed public healthcare services also noted cost barriers, often pointing to high prices of medicines.



Olena required rehabilitation due to ongoing pain. However, when she sought support from state-funded rehabilitation services, she was denied access because some of her surgeries had taken place after her demobilisation and as a result she was no longer eligible for free veteran services. "I rehabilitated myself as best I could", she said, having ultimately decided not to pursue these services due to lack of knowledge on where she could access rehabilitation and the financial strain already caused by the high cost of private healthcare. "At that time, I chose a private clinic [for a surgery] because state medical institutions treated me badly as a military woman, and as a veteran, it would be even worse", she thought, "Unfortunately, in a private clinic, a person is treated like a 'wallet'. I still have one operation ahead of me and I need to think very carefully about where to go for medical services."

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Another significant issue in accessing healthcare institutions were physical barriers in terms of some facilities being difficult to access for people with disability or other people with limited mobility. However, some key informants noted facilities adapted to people with limited mobility, noting positive developments in that matter. Additionally, several respondents mentioned insufficient availability of clear information concerning healthcare services, particularly rehabilitation – for this reason some did not access rehabilitation at all. Key informants noted as well difficulties in accessing healthcare services before demobilisation or in accessing services designed for recovery at a later stage (i.e., sanatoria) due to insufficient capacity and strict eligibility criteria.

Key informants noted as well that some veterans may not want to access available services, and that veterans' psychological condition sometimes made it more difficult. Other mentions included low trust in healthcare institutions, and a first negative experience which may have affected future willingness to access these services.

MHPSS

In accessing MHPSS services, some veterans mentioned a lack of barriers, particularly regarding NGO-provided support. Notably, external barriers related to this sector were not frequently reported, with singular mentions of high costs and long distance to the closest MHPSS provider. Some veterans mentioned that they did not try to access MHPSS services at all as they did not know such services were available, signalling an information gap.

Moreover, external barriers to MHPSS noted by service providers included lack of sufficient information regarding offered support, unaffordability, bureaucracy, infrastructure inaccessibility and long distance from facilities. Some also highlighted that veterans were not able to access MHPSS services before demobilisation. Informants reported that those more likely to face barriers in accessing MHPSS included veterans with disability, those with serious psychosocial issues or addictions, and LGBT+ veterans.

However, veterans mentioned also internal barriers hindering them from seeking psychosocial support, such as negative experiences shared by other veterans who accessed MHPSS, or feeling misunderstood by specialists who did not have combat experience. Key informants further noted the issue of social stigma and emphasised that some veterans expressed scepticism and low trust toward psychological services or believed that they did not need them – this attitude was indeed expressed by several interviewed veterans. It was also noted that a negative first experience acted as a deterrent to seeking further support, which underscores the importance of trainings for the staff.

Employment and business support

Following demobilisation, many veterans faced difficulties finding suitable employment, citing workplace discrimination based on their veteran status or physical disability. The need to travel to a workplace was another common barrier. Some veterans noted that no workplace adaptations had been made for them, indicating that remote work and other accommodations remain limited, further restricting employment opportunities.

Additionally, some veterans noted that they have not had time to find a job, access employment services or business support, and that government employment services were located far from them. This was also noted by key informants who added that facilities were not always adapted for those with limited mobility, although these perceptions varied. Respondents also cited obstacles in receiving small business grants, such as bureaucracy in receiving grants for establishing businesses, but also veterans' lack of knowledge or experience in such endeavours.

Key informants highlighted internal barriers hindering veterans from accessing employment and business support services or seeking employment. Primarily, they pointed to veterans' difficult psychological condition (and in one instance – to addiction issues), which emphasises the need for complex support:

"The main barriers to employment and training are often psychological conditions - some individuals are simply not ready yet. Physical disabilities are also common obstacles. However, if physical and mental health are intact, people are more likely to make an effort [to reintegrate into civilian labour force]."

NGO providing employment support, Urban location in Kharkivska oblast

Informants emphasised as well that some veterans did not have sufficient information on available employment-related support. A challenge reported in accessing state-provided training opportunities was older age, which often went in pair with limited digital skills. Informants observed as well that some veterans did not want to access employment services or even feared social stigma for seeking such assistance.

Quality of services

Most veterans and key informants were **satisfied with the quality** of at least some services, with many veterans noting that the accessed services had adequately addressed their specific needs. Out of the accessed public services, veterans rated provision of healthcare and employment support overall well and frequently noted positive outcomes of assistance received through healthcare, administrative and social services.

Yet, perceptions of quality and effectiveness of administrative and social services were highly varied, depending on individual experiences. Several informants indicated that the quality of services differs and depends on the institution or person providing them. Some respondents expressed **dissatisfaction with outcomes** or reported that they did not find any services effective, underscoring the need for significant improvements in service quality across the board.

There were no substantial differences in assessment of the quality of services provided in urban and rural areas or in different oblasts. However, differences were noted between services provided by government institutions and those offered by NGOs – most of those who reported unsatisfactory quality or outcomes referred to public services, which in turn prompted some veterans to seek assistance from NGOs or private providers.

Overall, veterans most often attributed the satisfactory quality of services to **good attitude of staff** (noted by about half of respondents), fast and convenient service provision, clear communication and availability of information, skilled staff, veteran-specific arrangements, and physical accessibility of facilities. Service providers highlighted that a good attitude of staff is particularly important, as veterans, following their difficult experiences, need to feel understood and appreciated, even if accessing services does not directly result in sought outcomes. Staff demeanour played a significant role in how veterans perceived both the effectiveness and accessibility of services. Service providers also emphasised the effectiveness of an approach where veterans provide services to other veterans ("**peer-to-peer**"), as well as the effectiveness of **holistic support** addressing complex needs of veterans.

Conversely, lack of satisfaction was frequently related to **long waiting times** to accessing services (highlighted by half of respondents), unsatisfactory attitude of staff, unclear communication or insufficient information, unqualified staff, bureaucratic difficulties and suspicions of corruption. Challenges frequently mentioned by key informants across all sectors, which exacerbate these issues, included **insufficient funding and staffing**, as well as the lack of staff with required qualifications:

"[MHPSS] services are provided by qualified specialists who are constantly learning (...). At the same time, there is a problem with funding. Specialists do not always have the opportunity to pay for their own training due to low salaries. Therefore, they often rely on free courses, trainings and trainings organized by charitable foundations. But it is precisely because of the limitations of finances that there are gaps in this area."

Public MHPSS provider, Urban location in Zaporizka oblast

Additionally, some key informants indicated dissatisfaction with policies drafted at the central level and overall **legislative volatility**. Moreover, although some veterans emphasised that referrals made service provision more comfortable, a few informants noted insufficient effectiveness of such referrals, suggesting **gaps in coordination** between service providers, which impacted services' quality.

Administrative, social and legal services

Veterans' opinions on the quality of administrative and social services were divided, with roughly half of those interviewed expressing satisfaction with the quality and outcomes, while nearly the same proportion reported dissatisfaction. There were no significant trends related to location, suggesting that this was largely dependent on specific facility, staff and individual experience.

Most veterans noted long waiting times to access services or complete procedures, mentioned by a few specifically in regard to the Pension Fund, TCR SS and ASC. However, some were satisfied with rapid and convenient provision of administrative and social services, as well as with veterans being accepted to access services out of turn. Some service providers noted that waiting times were shorter outside of oblast centre, which could be due to lower population of veterans in those locations, and consequently lower demand.

Additionally, many veterans mentioned that instructions or explanations provided on administrative procedures were unclear to them, in particular regarding the Pension Fund, TCR SS and ASC. A few, on the other hand, noted informative and clear communication from the Pension Fund, social protection services and NGOs providing legal aid. Perceptions of the attitude of staff providing administrative and social services also varied. Several veterans complained about unpleasant attitude of staff working at the administrative, social and legal institutions and insufficient skills or qualifications of administrative and social personnel, with some even noting occasional mistakes made by staff. Yet, others appreciated a positive attitude and high skills of staff, especially at the Pension Fund.

Regarding other positive qualities, veterans appreciated accessibility of services, including inclusive infrastructure of facilities, convenient digital instruments, as well as services provided at one place and veteran-oriented arrangements. Similarly, several key informants assessed the Veterans Assistant and One Window program as effective, noting that services were provided timely and conveniently. However, several informants mentioned moderate quality or effectiveness of veteran-oriented programs, including the One Window program, particularly outside of the oblast centre, noting that it did not curb the issue of bureaucracy, as veterans were still required to provide many documents to access benefits or solve administrative issues:

"The Single Window was created, that is, on the one hand, measures are allegedly being taken to improve the conditions for receiving all these services, but the procedure is no different for both the general population and veterans, because the legislation does not provide for the submission of other documents. There are no differences, only that a person will spend less time in line, but the essence will remain the same, he still needs to go, he still needs to formalize the submission of documents."

Government administrative/social services provider, Rural location in Kharkivska

Additionally, informants, mostly in Kharkivska, indicated issues related to the implementation of the Veterans' Assistant programme, including challenges in filling the position of specialist, lack of funding, and the high workload of assistants, particularly in rural areas.

Among other challenges impacting quality of services, veterans noted bureaucratic burden which complicated the process, including frequent changes in legislation and the requirement to make repeated visits to facilities in order to complete administrative procedures. One veteran suggested as well the issue of corruption. Additionally, key informants noted dissatisfaction with central policies and government assistance for veterans - for example, some noted issues related to payments and pensions after discharge, including difficulties in receiving them and insufficient amount of benefits to address veterans' needs. A few also noted challenges in obtaining land plots and benefits related to housing. The scope and quality of government legal aid services were considered unsatisfactory by a few informants.



Serhii had a rather positive experience accessing administrative and social services in his city, including the Pension Fund and TCR SS. He was satisfied with the attitude of staff and managed to receive benefits that he was entitled to. He also recalled priority access, which meant that as a veteran he did not have to queue for services, making access smoother. However, Serhii needed as well to receive legal aid - but, he did not fully trust the quality of state-provided legal services and decided to turn to a private company. "I think it was because state ones don't work so effectively," he said, "And for money, a person will do everything that is required".

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Healthcare and rehabilitation

Veterans' opinions of public healthcare and rehabilitation services were much more skewed toward overall positive assessment of quality. Many informants cited satisfactory service provision in healthcare (in particular outside of oblast centre) and rehabilitation (especially in oblast centre). Healthcare benefits including dental prosthetic programme and provision of free medicines were also highlighted as effective by some service providers.

Among positive qualities, veterans most often cited good attitude of staff providing the service, pointing especially the veteran-oriented dental programme. However, a similar share of veterans contested that view, citing unpleasant attitude of staff, in particular in rehabilitation services. Many noted as well long waiting times to access public services, including rehabilitation, and with one mention of queues to receive healthcare support from NGOs. Conversely, a few noted fast and convenient service provision (including one mention of rehabilitation services), physical accessibility of healthcare and rehabilitation facilities, and veterans being accepted out of turn. A few praised as well skilled staff within healthcare services, with only one veteran contesting this view.

Several informants noted challenges in healthcare service provision. Regarding rehabilitation, providers highlighted the fact that the small number of visits provided to veterans negatively affected the outcomes of rehabilitation process:

"There is this referral, they send [a veteran] for rehabilitation, (...) about 10 procedures, massages, treatment. And then they tell him, that's it, I'm sorry, according to the protocol, we can't do it anymore. (...) And then it turns out that a person needs not 10 procedures, but 15, then for the other 5 procedures he must either wait for some time so that he can again be referred to this rehabilitation, or do it at his own expense. (...) Doctors, who want to help, are sitting and thinking about how they can bypass this bureaucracy in order to fully treat [the veteran] (...). Every break in the rehabilitation cycle is a rollback again. That is, we held 10 sessions, then took a break (...), then returned, and we are already at the same level as we started."

NGO providing healthcare and rehabilitation services, Kharkiv

A few informants reported that the free medicine provided to veterans was of lower quality and that this program did not cover all their needs. Several informants mentioned that the insufficient quality of some healthcare services was due to limited funding. Additionally, a few veterans suggested issues with corruption (possibly petty corruption) in public healthcare services.

MHPSS

Most veterans who accessed MHPSS services were satisfied with their quality – however, it needs to be noted that those assessments concerned largely NGO-provided services. Veterans pointed to skilled staff and good attitude of personnel. Such observations were also made by key informants, who praised competent MHPSS staff of NGOs. Veterans appreciated as well clear communication, as well as fast and convenient service provision, which added to good quality of these services. Additionally, service providers underscored the effectiveness of group sessions in MHPSS, noting that communication with peers and the ability to share experiences had a positive impact on their psychosocial rehabilitation. However, among those who accessed public MHPSS services, including psychiatric treatment, there were cases of dissatisfaction with the quality, with one veteran noting staff not qualified to assist veterans with their specific issues. Key informants corroborated these opinions, noting that quality of public MHPSS services was often unsatisfactory and lower than that of MHPSS services provided by dedicated NGOs.

Informants highlighted that these issues often stemmed from staffing shortages, both in terms of overall numbers and the availability of personnel with the necessary qualifications, including professionals trained to work with veterans and conditions such as PTSD, as well as a broader shortage of psychiatrists. It was also reported that personnel of other institutions providing services to veterans, for example in physical healthcare, sometimes lacked understanding of how to approach communication with veterans and provide psychological first aid if needed:

"Each family doctor has been trained in psychological first aid for veterans. But the quality of these services is not clear to me. Because it was an online training for family doctors - this is a very difficult situation, in my opinion, which cannot cover everything, and it is impossible to put it on the family doctor. But after talking to family doctors themselves, I understand that they are more afraid of communicating with veterans than providing psychological assistance."

NGO providing MHPSS, Zaporizhzhia

Informants also pointed to insufficient funding, which further exacerbated staffing challenges (and implied low wages of MHPSS staff), and limited the number of visits available to veterans, ultimately delaying their psychosocial recovery. Additionally, informants reported that bureaucratic processes within state institutions contributed to the high workload of MHPSS staff.

Employment and business support

Several veterans and informants described the quality of government employment services as satisfactory, although some expressed dissatisfaction, noting that the services were not well adapted to the realities of wartime economy and their specific needs.



Before the war, Volodymyr was self-employed, yet, mobilisation put a stop to his business. When he began looking for a new profession, he turned to the employment centre, along with an online job search. "I wanted to become an IT specialist", said Volodymyr, "However, they [the employment centre] offered me a job at a factory in three months, in a specialty that I would not be physically able to perform due to my injured back." Volodymyr was dissatisfied with the proposed opportunities which did not match his needs. "Although there are programs, I cannot use them. They are more suitable for those who do not have physical limitations, and for people like me, everything is not thought through enough." However, Volodymyr did not give up and is

now considering applying for a business grant.

While returning to a previous profession was often not an option, a number of veterans reported positive experiences with training and education programs that allowed them to transition into new professions. These opportunities were perceived as an effective tool for workforce reintegration. Few veterans accessed NGO-provided employment support services (e.g., trainings) and their reported quality varied.

Informants provided a rather positive assessment of employment support programmes' quality, with some noting that their quality has been improving:

"Employment centres have significantly changed their approach over the past year or two, undergoing rebranding and training their staff. There are positive developments, and even helping one person matters, but we are only at the initial stage. If we take into account the strategy for the next 10 years, it takes much more effort to make services effective and fully responsive to the needs of veterans."

NGO providing employment support, Zaporizhzhia

Some noted that the outcome of accessing employment support services ultimately depended on the effort and determination of the veteran. Nonetheless, some funding and staffing issues were noted as factors hindering these programmes' quality. Moreover, fewer informants gave positive assessments of programmes for the development of veterans' businesses, than of employment services, with some deeming business support programmes ineffective, due to relatively low size of grants offered and veterans' limited experience in business, which is not sufficiently supported by offered programmes:

"We have heard about veteran businesses, but according to those we have spoken to (not my own words), the funds allocated under this program are insufficient to start a business that could operate successfully. Additionally, the organizational and reporting processes are intimidating. In general, the amounts are insignificant if you're trying to do something serious. The main challenges include a lack of experience and the small size of the grants."

NGO providing employment services, Urban location in Kharkivska

Information access and awareness

Information sources

Some service providers, particularly those in Zaporizka oblast and urban areas, declared **sufficient availability of information**, although opinions on availability of information within particular services varied. This highlights mixed perceptions, suggesting that gaps in information may be service-specific or influenced by individual factors, such as veterans' willingness to seek out information and familiarity with existing sources.

A vast majority of service providers reported that information about services was readily **available online**, particularly regarding administrative and social services, followed by MHPSS, and employment support. Government service providers were more likely than NGO providers to report that information was readily available on the Internet. A number of veterans reported using online searches to find relevant details, while social networks were also commonly mentioned as a key source.

However, veterans most frequently reported obtaining information about available services **from other veterans**. Those who had not yet sought information reported that, if they were to look for it, they would also primarily turn to their peers. A significant difference was observed between the two oblasts, with veterans in Zaporizka oblast being significantly more likely to obtain service information from fellow veterans. Veterans in urban areas were also more likely to rely on their peers for information, possibly due to a higher concentration of veterans in cities compared to rural areas, where the veteran population may be more dispersed.



When Serhii was demobilised he approached administrative services, but did not know of other available support. He noted the untapped opportunity at the administrative facility to provide information about the broader veterans' services landscape. At first unsure of how to navigate this space, it was only after he started volunteering at the veterans' association that he got a deeper understanding, passing it on to his peers. Serhii's association is determined to share that knowledge. "People need to be informed about all public services. Not just what they came up with, but what else [is available]. Not only to show the good, but also to show the bad, that this or that will not happen, so that the person does not maintain false hopes."

The second most frequently cited source of information were **administrative and social service providers**, who informed veterans about available services in administrative and social support, healthcare and rehabilitation, and employment and business assistance. They appeared to play a coordinating role, offering consultations and directing veterans to relevant services, which facilitated the process of reintegration. This coordination role was more commonly reported in urban areas, with no significant differences between the two oblasts.

Information boards and leaflets were another common source of information about available services for veterans. While there was no significant difference between the two oblasts, this method of communication was more prevalent in urban areas. Government institutions relied on printed materials to promote their services. Meanwhile, NGOs and international organizations also disseminated information, particularly about administrative and social services. In some cases, **local authorities**, including hromada representatives, played a key role in sharing information, particularly regarding administrative and social services. This occasionally included **billboards with QR codes** placed around settlements to facilitate access to online resources. Some service providers reported that veterans accessed information through **hotlines**, a method more frequently used in Kharkivska oblast and urban areas. Hotlines were also more commonly provided by government institutions than NGOs.

In-person events were another significant source of information for veterans. These were slightly more frequently reported by service providers in Zaporizka oblast and were predominantly mentioned in urban areas. In-person events were particularly important for employment and business support services and were more commonly associated with government rather than NGO providers. Veterans confirmed that in-person events played a significant role in information-sharing. They noted events organized by international organizations, administrative and social service providers, NGOs specializing in veteran assistance, MHPSS and legal support, and the employment centre, as well as joint events.

In some instances, veterans received information through **family members**, who sought out available services to support them. Veterans also highlighted other sources of information, including the Veteran's Assistant program, direct contact with service providers, information leaflets, legal service providers, and reading legislation. Some respondents also mentioned **television and news outlets** as sources of information.

Veterans' awareness of services

Although many veterans reported that they found **information readily available** and easy to access, most reported **gaps in availability of information** and **insufficient awareness** of available services. Service providers often reported a general lack of awareness or insufficient awareness among veterans, particularly in Zaporizka oblast and in urban areas. Providers of all services highlighted this gap, indicating that the lack of awareness spans multiple sectors. The most commonly cited **gaps in knowledge** were related to administrative and social services, in particular obtaining payments, entitlements, and benefits, as well as MHPSS, healthcare, and rehabilitation. Veterans reported that finding comprehensive information on these services was particularly difficult and indicated that they

would like to receive more information on them, as well as on legal aid and professional training opportunities. Inadequate awareness of available services can be attributed to an **insufficiency of available information** and the **need for better dissemination**. Informants across all sectors from both Zaporizka and Kharkivska oblasts highlighted this issue equally.

Veterans frequently declared that they would like to receive information through **aggregated sources**, including websites or mobile applications. **Online** sources of information were in general preferred by veterans and followed by receiving information via hotlines or phone calls, or in person, with a few veterans preferring printed materials. Informants suggested creating a centralized, aggregated source of information, such as a website or web portal, along with **increased dissemination** through service providers, territorial recruitment centres, military units, printed materials (leaflets, information boards), television, local authorities, and in-person events.



Throughout her reintegration journey, Olena admitted struggling with finding information on services she needed. Not only did she have to navigate her new life as a veteran, but also as an IDP, which amplified these challenges. "It is difficult to find an institution in an unfamiliar city.", she said, "There is very little information. I know that there are such services, but I do not quite understand who to contact and how to get them." Luckily, Olena could rely on friends who shared their experiences and helped her navigate services' landscape. Although appreciative of their help, she noted that she still needed more comprehensive information on legal and rehabilitation services.

Veterans with disabilities were identified as a group in particular need of better access to information regarding various services, with service providers in Zaporizka oblast and urban areas more likely to highlight this need. Veterans in rural areas were also reported to have greater difficulty accessing information about available support services, further underscoring the need for targeted outreach in these communities.

Several barriers to accessing information were also identified, including **limited Internet access and digital literacy**, particularly among older veterans, who were reportedly less informed about available services. In contrast, younger veterans were more likely to obtain information online, emphasizing the need for diverse information channels to reach different age groups and those with varying levels of Internet access. Additionally, recently demobilized veterans were highlighted as a key group requiring early intervention, to receive information as soon as possible after demobilization - if not before. However, low awareness was reportedly not always due to a lack of information but sometimes stemmed from difficulties in accessing existing sources or a lack of motivation to seek them out.

Preferences and recommendations

Veterans and key informants were asked for recommendations regarding improving veteran services' provision. The most frequently cited indicator of convenient and effective service provision was **fast service delivery**. This is particularly crucial, as successful reintegration into civilian life or access to certain services often depends on resolving urgent issues first - for example, addressing healthcare and psychosocial needs is essential for veterans to be able to seek employment. Key informants highlighted as well the need to facilitate **early intervention**, as some services were only available to veterans after demobilisation, constituting a barrier to a smooth reintegration. Additionally, they emphasised that there was a need for a **clearer roadmap** for veterans, noting how and where to access services, providing assistance that gradually allows veterans to reintegrate into civilian life:

"Interaction between all structural units and institutions is necessary. There should be a single support system when a demobilized veteran first receives psychological and then social support. A person should

be led "from hand to hand" at all stages of his integration into peaceful life. If we create new structures that duplicate the services already provided, we only complicate the system and waste budget funds."

NGO providing employment services, Zaporizhzhia

"I feel strongly that we need a clearer roadmap for veterans. (...) Commanders should provide veterans with clear instructions and contacts: "Here's who to call, here's where to go, here's what to do." Such transitional spaces could serve as a buffer where veterans can process their experiences, access support, and gradually reintegrate into civilian life without being overwhelmed by the abrupt change. This would significantly improve their overall well-being and long-term reintegration."

NGO providing MHPSS, Kharkiv

In parallel, a frequently suggested improvement was **hiring new staff** or **enhancing the qualifications** of existing personnel, to meet demand, reduce long waiting times and improve overall service efficiency. Dedicated trainings would help to strengthen understanding of the specific circumstances and needs of veterans. A **respectful and professional attitude** from staff was also commonly mentioned as a key factor leading to positive experiences. Service providers noted that the most successful services were those that made veterans feel cared for and valued by society. Additionally, **clear, effective, and informative communication** was highlighted by the veterans as an important factor in making services more accessible, convenient and user-friendly. Other recommended improvements included **enhancing infrastructure accessibility**, expanding digital access to services, and improving the overall conditions of government institutions.

A **respectful and professional attitude** from staff was also commonly mentioned as a key factor leading to positive experiences. Veterans indicated that staff demeanour played a significant role in how they perceived both the effectiveness and accessibility of services. Service providers noted as well that the most successful services were those that made veterans **feel cared for and valued by society**. Additionally, **clear, effective, and informative communication** was highlighted by the veterans as an important factor in making services more accessible, convenient and user-friendly.

Service providers highlighted that **cooperation between different providers** often enhanced the ability to effectively provide services. Some informants believed that programmes **provided at the local level** were well-organised and that independence from national-level programming increased their efficacy. Moreover, some veterans indicated the need to continue anti-corruption efforts across institutions.

Many veterans emphasised the **need for tailored veteran-oriented programmes**, with some expressing a preference for exclusive support initiatives designed specifically for them. The demand for tailored assistance was especially pronounced among those who had not received support through the government's Veteran's Assistance Program and, as a result, had not yet had access to such specialised support. Some suggested establishing dedicated veterans' offices within institutions providing essential services, to streamline support.

Administrative, social and legal services

Veterans commonly stressed the need for simplifying bureaucratic procedures for easier access to services, including expanding the "single window" approach, where veterans can access different social services at one place, facilitating the process. This was particularly emphasized by veterans living in oblast centres, where government institutions and departments are often dispersed across the city. Another frequently suggested improvement for administrative and social services was either hiring new staff or enhancing the qualifications of existing personnel. Both service providers and veterans also highlighted the important role of support from other veterans in the effectiveness of services and

programmes, a so-called “equal-to-equal approach”, meaning that service providers should include combat veterans who understand the unique challenges veterans face and can offer more tailored assistance:

“I believe that it is necessary to make sure that there are representatives of combatants in all organizations and areas. This will help to make clearer and more effective decisions, as well as contribute to improving order and assistance to veterans.”

Veteran from a rural location in Zaporizhka

Suggested improvements in the services of these sectors included as well enhancing infrastructure accessibility, improving the overall conditions of public facilities, and expanding digital access to services. One veteran suggested as well allowing the veterans’ assistant to access services without the veteran, which could streamline the flow of documentation in the face of physical barriers to access.

Other suggestions included expanding state programmes for veterans and their families (including housing assistance), or families of fallen combatants, increasing payments (benefits), enhancing government assistance with cars, expanding the social taxi programme (free transportation allowing to access services, particularly important for those with mobility issues), and increasing access to in-person legal consultations.

Healthcare and rehabilitation

Suggested improvements in physical healthcare services included a better approach from staff toward patients, hiring staff qualified to work with veterans and their specific issues, increasing number of staff and their salaries, and improving accessibility and quality of the medical premises. Some service providers noted that healthcare services were more effective when staff included veterans, as this increased patients’ trust.

Veterans and service providers frequently mentioned the need for veteran-specific and free programmes in healthcare, including specialised healthcare, dental programmes and improved access to free rehabilitation services. Veterans noted as well that healthcare provision should be based on a holistic approach looking into long term, to ensure proper recovery. A few service providers corroborated these observations, highlighting the effectiveness of complex support during rehabilitation, combining psychosocial support and physical treatment – an informant recalled an example of such support in Lviv:

I really like the format of work used in the rehabilitation centre “Unbreakable” in Lviv. This is the Centre for Mental Health, where a person can receive medical, physical and psychological rehabilitation in one place. It provides a variety of services combined into a single system that allows you to simultaneously restore the soul, body and mental state. The centre uses modern technologies and techniques that significantly increase the effectiveness of rehabilitation. This is one of the best approaches.

MHPSS NGO, Zaporizhzhia

Some veterans expressed a preference for rehabilitation services offered by NGOs, suggesting the need for improvements in the public system, although this was a contested view among the respondents. Some key informants gave examples of cases where veterans improved their physical health thanks to state rehabilitation services. Additionally, a healthcare provider noted the importance of cooperation between prosthetic companies and healthcare institutions in ensuring effective service provision. Moreover, key informants repeatedly mentioned the need for healthcare services such as sports therapy, sanatorium treatment, and addiction treatment (due to cases of negative coping mechanisms resulting in addiction).

MHPSS

Service providers declared that indicators of MHPSS' effectiveness included the presence of skilled personnel, emphasising the importance for an increased availability of trainings for personnel on peculiarities of working with veterans. These suggestions included educating psychologists on the aspects of military service, physical injuries veterans may have sustained and specifics of their psychological trauma. Moreover, some suggested exchanging knowledge with foreign psychology professionals who have experience in addressing veterans' issues. They also indicated the need for psychological first-aid trainings for the MHPSS staff to help them navigate difficult topics while maintaining their own mental resilience:

"It's essential for a psychologist to remain steady and supportive in the moment, being present as the client delves into these emotions, without collapsing into those emotions alongside them. (...) While more advanced knowledge, such as the physical aspects of [veterans'] trauma, is valuable, even introductory-level training can be sufficient for psychologists to provide meaningful support. It's about equipping them with the tools to understand veterans' experiences and meet their needs effectively, while maintaining their own professional stability and emotional resilience."

MHPSS NGO, Kharkiv

Some veterans stressed the need to expand existing MHPSS services or establish new ones. They highlighted the importance of state-provided programs, workplace MHPSS support, and group sessions. Some noted that such services should be provided by specialists trained in psychological issues of veterans (further calling for an increase in the number of such personnel), while others underscored the value of peer support from fellow veterans (e.g., within the group sessions). Moreover, the possibility to access some MHPSS services at home, either online or via mobile teams visiting veterans was appreciated by veterans and service providers. Additionally, some noted the importance of normalising mental health support, as negative perceptions could stop some from seeking the support they require.

Employment and business support

When discussing necessary workplace adaptations to accommodate veterans' needs, a significant number expressed a desire for remote work (and one noted the need for online employment support services), suggesting that such accommodations are currently not widely available. While some veterans mentioned accessing some workplace adaptation programmes, the most commonly desired accommodations included MHPSS support in the workplace, additional leave days, inclusive workplace arrangements, and a supportive and understanding work environment. A considerable number of veterans reported not having received any veteran-specific workplace adaptations, indicating a gap in support for their needs.

A veteran suggested expanding available governmental grants for establishing a business. Some service providers cited cases of veterans succeeding in their businesses and providing jobs for other veterans:

"For example, there are veteran communities where guys, opening their own business as sole proprietors, focus on the employment of other veterans who are demobilized. This is a successful approach, because they create jobs for their own."

NGO, Employment activities, Zaporizhzhia

Some also mentioned the successful provision of services related to cooperation between providers. For example, the cooperation between employment services and employers allowed for retraining aligned with the positions available at the company:

"Joint activities and the desire to help are probably the tool that works best in this case. (...) For example, we and our partner organizations conducted training for veterans, and this provided almost one hundred percent guarantee that that the businesses we worked with hired our students if they met the requirements."

NGO, Employment activities, Zaporizhzhia

Similar cooperation led to a disabled veteran being hired, as the state compensated for inclusive office space. Another case of positive practices concerned visits to enterprises offered to veterans, which provided them with the opportunity to gain a better understanding of their future job, while governmental retraining programmes allowed to gain skills in a chosen area. The opportunity for socialisation was cited as an important feature of courses and education for veterans. Additionally, informants suggested policy changes such as reduced taxes, larger business grants, and funding opportunities for veterans to establish their own NGOs.

CONCLUSION

Veterans are one of the vulnerable population groups in Ukraine - ensuring their effective reintegration into civilian society requires addressing their specific needs in livelihoods, physical health, and mental well-being. At the same time, as veteran population continues to increase, institutions may struggle with sustaining adequate service provision amid growing demand. It is thus essential to understand veterans' reintegration journey and needs within essential sectors. This study, conducted in frontline oblasts, Kharkivska and Zaporizka, provides an in-depth assessment of veterans' needs and challenges across key sectors: administrative, social, and legal services; physical healthcare; MHPSS; employment support.

When comparing issues noted across the two assessed oblasts and findings from other studies, it appears that variance in availability, accessibility and quality of services for veterans often depends on specific facility and individual experiences, with some differences in service availability between urban areas (which tend to offer a broader variety of services) and rural areas (which are more likely to meet local demand for services that are present there). While the overall availability of relevant services is increasing, funding and staffing issues often limit public service providers' capacity to deliver comprehensive, effective, and high-quality support. Comprehensive cooperation between stakeholders can help bridge these gaps and ensure effective service provision. At the same time, extensive reliance on non-governmental service providers in some sectors (e.g., within legal aid and MHPSS) risks creating a fragile system, as funding for these projects is often localised and can end abruptly.

Families play a crucial role in supporting veterans, yet, it is essential to avoid overburdening them and to ensure availability of professional service provision. Family members may also struggle with adapting to the new circumstances and, in particular, with communicating with veterans. Feeling understood and appreciated often lies at the forefront of veterans' expectations from the society and service providers. Equipping the staff with a better understanding of veterans' issues and training them on how to communicate sensitively and effectively, considering veterans' difficult experiences and often complex circumstances, is crucial to meeting veterans' needs across various sectors. Dedicated veteran-oriented services play a key role in providing streamlined support, while peer-to-peer networks are important in helping veterans navigate this transition and fostering a sense of belonging.

Many of the barriers encountered by veterans, including bureaucracy, physical barriers and insufficient information, are also experienced by other vulnerable population groups, reflecting nation-wide structural issues. However, veterans encounter specific challenges, particularly in healthcare and rehabilitation, mental health and psychosocial support, and reintegration into the civilian workforce. The presence of multiple, overlapping vulnerabilities among many veterans, such as being a displaced veteran with a disability, further compounds their difficulties. Internally displaced veterans and those with a disability tend to face increased barriers to accessing services, due to complexity of documentation-related processes and limited local social networks, while mobility issues of veterans with disability aggravate physical barriers. Addressing these issues requires a comprehensive roadmap approach, outlining the steps needed to access various services throughout their reintegration journey.

Several key factors emerge as both the most appreciated aspects of services and areas needing improvement. Firstly, these include ensuring a clear, comprehensive, and efficient process for accessing services while addressing bureaucratic hurdles and long waiting times. Staffing is another crucial area - institutions must be well-staffed, both in numbers and in the level of training needed to work specifically with veterans. Beyond service outcomes, veterans highly value the respectful and supportive attitude of staff, which plays a vital role in their overall satisfaction. Service accessibility also needs improvement, both in physical terms and in the availability of clear information and communication. Finally, raising awareness of available services is essential not only for veterans but also for service providers, enabling more effective and timely referrals.

ANNEXES

Annex 1: Sampling of Individual Interviews with veterans

Disaggregation	Zaporizka	Kharkivska	Total
Male	23	26	49
Female	2	1	3
18-25	2	1	3
25-60	20	24	44
60+	3	2	5
Oblast centre	16	12	28
Urban	0	5	5
Rural	9	10	19
Status of participant of hostilities - yes	23	23	46
Status of participant of hostilities - no	2	4	6
Status of disability - yes	16	19	35
Status of disability - no	9	8	17
IDP	9	4	13
Non-IDP	16	23	39
Employed	11	12	23
Unemployed	14	15	29
Accessed Veteran's Assistant Programme	3	7	10
Did not access Veteran's Assistant Programme	22	20	42
Demobilised: Aug-Dec 2022	1	0	1
Demobilised: before 2022	2	2	4
Demobilised: Jan-Jul 2022	1	1	2
Demobilised: Jan-Jul 2023	3	4	7
Demobilised: Aug-Dec 2023	6	3	9
Demobilised: Jan-Jul 2024	9	14	23
Demobilised: Aug-Dec 2024	3	3	6
Family - yes	16	23	39
Family - no	9	4	13

Annex 2: Questionnaire for the veterans

Informed Consent

My name is ... and I am working with REACH, an initiative of IMPACT. We are conducting an assessment that aims to understand how veterans access various services and identify veterans' unmet needs. The findings from this assessment will be shared in publicly available reports that will inform stakeholders engaged in activities related to veterans' reintegration in Ukraine.

Today, the interview will last around 1 hour. The information you provide will only be shared in an anonymized format. Your participation is voluntary, and you can withdraw from the discussion at any point. If you don't know an answer to any question, or prefer not to answer, you can say so and we will move on to the next question. This discussion will be recorded for internal use only. Do you have any questions?

Do you agree to participate in the interview?

- ☐ Yes
☐ No

Do you agree for the interview to be recorded?

- ☐ Yes
☐ No

With your consent, we would like to use quotes from your interview in the final report. Do you consent to being quoted, anonymously?

- ☐ Yes
☐ No

Demographic Information

Respondent's Name:

Interviewer's / Enumerator's Name:

Date of Interview:

Location of Interview:

Gender of Respondent

- ☐ Male
☐ Female

Age of Respondent:

- ☐ Age 18-25
☐ Age 25-60
☐ Age 60+

Place of residence

- ☐ Oblast centre
☐ Urban area
☐ Rural area

Status of participant in military operations

- ☐ Yes
☐ No

Status of a person with disability because of war

- ☐ Yes
☐ No

Displacement status

- ☐ Not displaced
☐ Internally displaced

Employment status

- ☐ Employed
☐ Unemployed

Participation in Veteran's Assistant programme

- ☐ Yes
☐ No

When did respondent discharge from Armed Forces of Ukraine or other units?

- ☐ Before 2022
☐ January-July 2022
☐ August-December 2022
☐ January-July 2023
☐ August-December 2023
☐ January-July 2024
☐ August-December 2024

Are there any family members or close relatives who live with the respondent in one household?

- ☐ Yes
☐ No

Service Sectors

1. Could you remember which services you have accessed after your discharge from Armed Forces of Ukraine or other military units?

- ☐ Administrative services (e.g., Centre for Administrative Services, Pension Fund, etc)
☐ Legal aid (including hotlines)
☐ Healthcare services
☐ Rehabilitation
☐ Psychological support and mental health services (including hotlines)
☐ Employment services (e.g., employment centre, NGOs)
☐ Programmes for veterans' businesses (e.g., grants, courses)

Could you remember which type of services you accessed first after discharge? What services have you accessed next? What were the last services you used?

2. Why did you not apply for some services for veterans?

For relevant: Administrative / legal / medical / rehabilitation / psychological services / employment services / services related to veteran business development programmes

3. If you applied for any services, why did you not receive them?

For relevant: Administrative / legal / medical / rehabilitation / psychological services / employment services / services related to veteran business development programmes

Administrative Services

If respondent accessed administrative services:

4. Could you remember which administrative, social and legal services and institutions did you access after discharge?
 - ☐ Centre for provision of administrative services
 - ☐ Department of social protection (in city/village council) Service centre of Pension Fund
 - ☐ Centre for provision of social services
 - ☐ Territorial centre of Recruitment and Social Support
 - ☐ NGOs that provide legal aid (including hotlines)
 - ☐ Public legal aid (including hotlines)
 - ☐ Other services
- a) Which services have you accessed before being officially discharged?
5. Have you accessed any administrative, social and legal services/programmes developed specifically for the veterans?
6. Why did you choose this particular organisation/institution for legal services?
7. How would you assess the quality of administrative, social and legal services you accessed?
 - a) To what extent were you satisfied with the provision of these services? Why?
 - b) What exactly did you like/dislike?
 - c) Could they provide the help you needed in administrative, social and legal services?
 - d) To what extent are you satisfied with the outcomes of the services you received? Why?
 - e) In your opinion, what could be improved?
8. To what extent did you find the process of accessing these administrative, social and legal services easy or difficult? What barriers did you encounter, if any?
 - a) In your opinion, what could be improved?

Healthcare and Rehabilitation

If respondent accessed rehabilitation or healthcare services:

9. Could you remember which rehabilitation and healthcare services you have accessed since your discharge?
 - a) Who provided these services?
 - b) Have you accessed any rehabilitation and healthcare services developed specifically for the veterans?
 - c) Which services have you accessed before being officially discharged?
10. Why did you choose this particular organisation/institution for rehabilitation and healthcare services?
11. How would you assess the quality of rehabilitation and healthcare services?
 - a) To what extent were you satisfied with the provision of these services? Why?

- b) What exactly did you like / dislike?
 - c) Could they provide the help you needed in healthcare / rehabilitation?
 - d) To what extent are you satisfied with the outcomes of the services you received? Why?
 - e) In your opinion, what could be improved?
12. To what extent did you find the process of accessing rehabilitation and healthcare services easy or difficult? What barriers did you encounter, if any?
- a) In your opinion, what could be improved?

Mental health and psychosocial support

If respondent accessed MHPSS services:

13. Which mental health and psychosocial support services have you accessed since your discharge?
- a) Who provided those services?
 - b) Have you accessed any services developed specifically for veterans?
14. Why did you choose this particular organisation/institution for MHPSS?
15. How would you assess the quality of MHPSS services?
- a) To what extent were you satisfied with the provision of these services? Why?
 - b) What exactly did you like / dislike?
 - c) Could they provide the help you needed?
 - d) In your opinion, what could be improved?
16. To what extent did you find the process of accessing MHPSS services easy or difficult? What barriers did you encounter, if any?
- a) In your opinion, what could be improved?

Employment plans and adaptation programmes

17. Have you returned or plan to return to the workplace you had been working at before your service? If not, why did you change / plan to change your workplace and in what way (different sector/company/position)?
18. Are there any veteran-oriented programmes or possibilities available for you or other veterans at your current workplace that can help to adapt you after service?
- a) Does your company provide workers with inclusive offices spaces or opportunities to work remotely?
19. How useful/effective have these adaptation programmes been in helping you (re)join the workforce? Why do you think they have been helpful/not helpful?

Employment services

If respondent accessed employment services:

20. Which programmes or services that could help in finding employment have you accessed?
- a) Who provided those services?
 - b) Have you accessed any services developed specifically for veterans?
21. Why did you choose this particular organisation/institution for employment services? (public or NGO)
22. How would you assess the quality of employment services?
- a) To what extent were you satisfied with the provision of these services? Why?
 - b) What exactly did you like / dislike?
 - c) Could they provide the help you needed in employment?
 - d) To what extent are you satisfied with the outcomes of the services you received? Why?
 - e) In your opinion, what could be improved?

23. To what extent did you find the process of accessing employment services easy or difficult? What barriers did you encounter, if any?
- In your opinion, what could be improved?

Veterans' Businesses

If respondent accessed programmes for businesses:

24. Which programmes or services that could help in developing your business have you accessed?
- Who provided those services?
 - Were these programmes targeted specifically at veterans?
25. How would you assess the quality of programmes for businesses?
- To what extent were you satisfied with the provision of these services? Why?
 - What exactly did you like / dislike?
 - Could they provide the help you needed for developing your business?
 - To what extent are you satisfied with the outcomes of the services you received? Why?
 - In your opinion, what could be improved?
26. To what extent did you find the process of accessing programmes for businesses easy or difficult? What barriers did you encounter, if any?
- In your opinion, what could be improved?
27. Which services did you like the most? Which were the most convenient and efficient for you?
- Tell us more about your experience. What exactly did you like?
 - What made access more comfortable?

Support provided to veterans

28. What help or support did you receive from your family after your discharge?
- How did your family members help you when you needed to reach out to different services?
 - How did your family members help you directly?

If veteran participated in Veterans' Assistant programme:

29. What help or support did you receive from veterans' assistant?
- How did veterans' assistant help you when you needed to reach out to different services?

Unmet Needs

30. Can you describe any unmet needs you have regarding services for veterans?
- Could you specify which needs related to administrative / legal / healthcare / rehabilitation / MHPSS adaptation at workplace / employment / businesses programmes are currently unmet?
31. What types of services or support would you like to receive to meet your needs related to various veteran services?
- How would you like to receive these services? Why?
 - Who would you like to see as the provider of these services? Why?
 - Should these programmes be targeted specifically at veterans?

Information and Awareness

32. Can you describe how you found information about different services you accessed?
- Which services and procedures were difficult to find information about? Why?
 - Which services and procedures were easy to find information about? Why?

33. How would you assess your awareness and access to information regarding different services for veterans and state benefits?
 - a) Do you know how to access services you haven't reached out to yet, in case you need them?
 - b) Where would you look for information regarding services you haven't reached out to yet?
34. What additional information would be helpful for you?
 - a) Which services do you need additional information about?
 - b) Could you tell us more about how you would like to receive this information?
35. Is there anything else that you would like to share with us?

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